2411 N. Charles St., Baltimore 170-

| | | 43 | 16 | 91 | . 0 |
|----|------|-------|-----|----|-----|
| K. | Reg. | Diat. | No. | 4/ | ð |

011000

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newtorn infants give residence of mother) |
|--|---|
| City or town (if ontside city or town limits, write RURAL and give nearest town) | State Mary County Manual County |
| How long in above place of death? | City or town(If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Street No |
| How long in hospital or institution? | 2.(a) if veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Very Wallace addison | dost |
| 4. Sex 5 Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male Col Ingle | 20. DATE OF DEATH. May 18 46 , at 9:30 P. M |
| 6.(b) Name of husband or wife. | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 6.(c) If alive, give ageyears | Sep med, 2 2 19 , 10 19 19 |
| 7. Birth date of deceased (mo., day, yr.) | and that fast saw halive on |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death |
| 29 4 22 hrs. min. | Fracture & skall insteady |
| 9. Oirthplace Lay towardle and | Que to |
| (Town, county, and state) | anto accelent |
| 10. Usual occupation. | Oue to |
| 11. Industry or business | |
| 12. Name Desore Coloron 13. Birthplace & extraville my | Other conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name of a onia in Madel | Major findings of operations |
| \$ 15. Birthplace of Consuffice mul | Oate of op. |
| 16. Information Colphia | Antopsy results |
| Address of openille and | 22. VfOLENCE: If death was due to external causes, fill in the following: |
| 17. Surfiel (Burial cremation or emoval, Which?) Oate thereof (month) (day) (year) | Accident, suicide, or homicide Accident Date of 5-14-46 |
| 6/30 - 100 - 7/2/1018 100 1 | Where did laiver accur? mt. 3im monly. mal |
| Cemetery or crematory | (City of town) (Connty) (State) Injured at home, farm, industry, public place (where?) |
| Location | Meens of injury Gart accorded Injured at work? |
| 18. Funeral director | |
| Address afterwhile gut | 23. SIGNATURE Trank J. Browshart M. J. |
| 19916 7 46 KUTZELLO | denthusbury md. M. D. or other |
| (Date rec'd by registrar) | Address 1. hud Jean Oate signed & 12-44. |

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

VS A15

PLEASE

MAY 21 1946
BUREAU V.S.

MARGIN RESERVED FOR BINDING

VS A15

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|---|------|-------|---------|
| - | Dan | Dist | No. 223 |

| CERTIFICAT | E OF DEATH Reg. Dist. No. 223 |
|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Mary land |
| MR. MICHAEL THOMAS ANDERSON | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 8.(a) Single, married, wildowed, or divorced Male White Married | MEDICAL CERTIFICATION 2D. DATE DF DEATH 21. I CERTIFY that death occurred where date above stated; that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) May 23, 1896 | and that I last saw h. A. alive on A. S. B. Dungtion |
| 8. AGE: Years Months Oays If less than one day | Due to Nygentinia & Ostino- |
| 10. Usual occupation Plumber - Retired. 11. Industry or business | Due to. Exaltalune Starte Age. |
| 12. Name Charles H. Anderson 13. Birthplace Boston, Mass 14. Malden name Maxparet Nolan 15. Birthplace Washington, D. C. | Other conditions |
| 16. Informant - Brother - Mr. Charles H. Anderson, jr. | Autopsy results |
| Address 305 Greenwood Avenue. Takoma Tark, 12 D.C. 17. Burial (Burial, cremation, or removal Which) Cemetery or crematory (Company) Company (Co | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicido, or homicide |
| Location tarest Slen 5 MA. 18. Funeral director Arrall St. M.A. Thomas Perk M. Address 254 Carrall St. M.A. Thomas Perk M. | tnjured at home, farm, Industry, public place (white?) Meens of tnjury Injured it work? |
| 19. Way 1 19.46 Hilling Della (Dato ree floy registrar) | 23. SIGNATURE CONTROL OF M. D. og offer Address 717-Ola La Orac / Wate signed / 6/4/ |

MAY 20 1946
BUREAU V. B.

W. Calley

information carefully. The

item of item of causes

important.

PLAINLY, is especially

WRITE

PLEASE

(Date fee'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

04931

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) 3. (b) Social Security Number 3. (a) FULL NAME ARDINGER 6.(a) Single, married, widowed, or divorced 20. OATE OF DEATH... 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr. Immediate cause of death. 8. AGE: Yown, connty, and state) 10. Usual occupation 11. Industry or business (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof. Accident, suicide, or homicide..... Where did injury occur?(City or town) (County) injured at home, farm, industry, public place (where?) Injured af work? Means of Injury

Registrar

3881 Hope to the state of the state of RECEIVED MAY 29 1946 A Commence of the Market BUREAU VY JAN 1 MILLION DE LA SERVICIO DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE Jim. Te man a language of the first of the contract of the con

2411 N. Charles St., Baltimore

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| CERTIFICAT | TE OF DEATH Rog. Dist. No. 223 |
|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary land County Montgomer y City or town Rock Ville (If outside city or town limits, write RURAL and give nearest town) Street No. 104 Defferson Avenue (If rural, give LOCATION) 2.(a) If veteran, name war. |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| MR. WILLIAM HENRY BADEN 4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced | MEDICAL CERTIFICATION |
| Male White Single | 20. DATE OF DEATH. May 14 19 HG 21 15 D. |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated: fhat I attended deceased from 19. 4 8 10 10 19. 4 6 and that I last saw h. 14 2 2 19. 4 6 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| deceased (mo., day, yr.) | Immediate cause of death lie web DURATION Organic heart lie web - 4 24, |
| 9. Birthplace Prince Frederick, Md. (Town, county, and state) 10. Usual occupation Vice President | Due to. Due to. Due to. |
| 11. Industry or business Loan and Trust Company 12. Name | Other conditions Translated for the following frequency within 8 months of death) |
| 14. Maiden name 70 15. Birthplace | Major findings of operations. No operation Date of op. |
| 16. Informant Washington Sanitarium and Hospital Records | Antapsy results. The are Co free PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17. Burial, cremation, or removal. Which?) Date thereof. 5/17/46 (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |
| Commetery or crematory Comments of Comment | Whera did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) |
| 18. Funeral director LUT Keeless Jumphres | Meens of Injury Injured at work? |
| Address Betherda TWG+// | Melle Ruffi |

Registrar Address // Loun

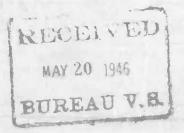
WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

19. Man 19 46 (Date rec'd of registrar)

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(day)

.....hrs.

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| (88) | age |
| (120) | دب |
| | 9 |

1. PLACE OF DEATH:

How long in above place of death?.

Now long in hospital or institution? 3. (a) FULL NAME

Years

Mooths

7. Birth date of deceased (mo., day, yr.)

9. Birthplace..... 1D. Usual occupation. 11. Industry or business

13. Birthplace

15. Birthplace

(Burial, cremation, or ret

Address

8. AGE:

Hospital, Institution, or street, address where death occurred:

every item of information carefully ite the causes of death clearly and write ADING INK. Supply Physicians: please wr UNFADING INK. important. especially WRITE PLAINLY 0/3

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ec'd by registrar)

| | Reg. Dist. No |
|--------------------------|--|
| (If outside city or town | E) OF DECEASED; nce of mother) County Dulgs were ls velle i limits, write RURAL and give nearest town) Masle Dure J., give LOGATION) |
| 2 | 3. (b) Social Security Number |

| Bell | 3. (b) Social Security N | lumber |
|---|--|---|
| MEDICA | L CERTIFICATION | |
| 20. DATE OF DEATH. | 19.4/Lan | at./20 |
| 21. I CERTIFY that death occurred on the d | | |
| tinglika film and halis | 19 to do la | S19. hijh |
| and that I last saw halive on | J. P. Lings distriction of the Comments of the | 19 /frag |
| Immediate cause of death | / / ; | DURATION |
| | Collin Strange Contingenting | *************************************** |
| | | F |
| Due to | man Cinking to be found in the firm | ************************ |
| | | ш |
| Due to | | |
| | | |
| Other conditions | | ••••• |
| (Include pregnancy with | thin 3 months of death) | |
| Major findings of operations | | |
| | Date of op | |
| Antopsy results. PHYSICIAN: Please underline the cause | | tatisticsNy. |

22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide..... Where did Injury occur?

(City or town) Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

.. Date signed

Registrar

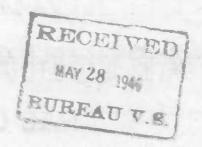
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DESCRIPTION OF DEATH

MAY 10 1946

A STATE OF THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH 14934 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Rog. Diat. No. 216 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and How tong in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?..... 2.(a) if veteran, name war ... 3. (a) FULL NAME 3. (b) Social Security Number Dow man MEDICAL CERTIFICATION Supply every item of MARGIN RESERVED FOR BINDING 6.(b) Name of husband or wife 6.(c) If alive, give age 7. Birth date of and that I last saw h. C. t. ... alive on Mar. deceased (mo., day, yr.) DURATION 8. AGE: If less than one day Physicians: please 6 days 18 Usual occupation 11. Industry or business 12. Name..... 13. Birthplace important. (Include pregnancy within 3 months of death) 14. Maiden name. Major findings of operations 15. Birthplace PHYSICIAN: Please underline the cause to which death shootd be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (Burial, cremation, or removal, Which) Where dld Injury occur? Injured at home, farm, industry, public place (where?) tnjured at work? Mosns of Injury A15



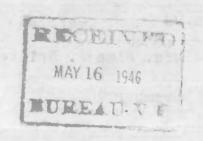
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

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| | | CERTIFICAT | TE OF DEATH Reg. | Dist. No. 216 |
|---|-------------------------|---|---|--|
| 1. PLACE OF DEATH: County | | | 2. USUAL RESIDENCE (HOME) OF DECEASE (For newborn infants give residence of mother) State | AL and give nearest town) No. Wash., D.C. |
| Fr | ed Albert E | Britten | 0.(0) 50 | out becamy ivade |
| | lor or race 6.(a)Single | e. married, widowed, or divorced married | MEDICAL CERTIFIC 20. DATE OF DEATH 4 May | |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years | November 18 | A. Britten i) If alive, give ageyears 3, 1871 If less than one day | 21. I CERTIFY that death occurred on the date above stated; tha 16. April 19. 46., to and that I last saw h imalive on May 4, Immediate cause of death Culcular secondary | 19.16 |
| 74 5 16 | | | Due 10. Leukalinia, monocay 2 | tie one month |
| 11. Industry or business 12. NameMiche 13. Birthplace Ger | eal Britten | (dec) | Other conditions | tb) |
| 14. Maiden name | many | (dec) | Major findings of operations | |
| Address 2253 R 17. Durial (Burial, cremation, or rer | Alma A. Br | 5-7-16 (month) (day) (year) | Antopsy results | old be charged statistically. following: Ozte of |
| Location Arli. 18. Funeral director HUN | ngton, Virg | | Injured at home, farm, industry, public place (where?) | r. (MC) USN |
| 19. 4 May (Date rec'd by registrar, | 19 46 Mi | ary Charlotte S | mither are posterior as | M. D. or other 5-4-46 |

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

CERTIFICATE OF DEATH

04935

Pag Diet No. 26

| | Rog. Diat. No |
|---|---|
| 1. PLACE OF DEATH: Sounds Manual Angual MM | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| | State MANAGANIA County MOULGOULLES |
| (If outside city or town limits, write RURAL and give nesrest town) | City or town (If outside city or town limits, write RURAL and give nearest town) |
| How long in above place of death? | Street to MASAN Pagala Thurston and give nearest towny |
| Dead ou arrivel Juliantan Jog | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war. |
| 3. (a) FULL NAME) H. Byers - | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, harried, widowed, or divorced | MEDICAL CERTIFICATION |
| male white married | 20. DATE DE DEATH |
| 6.(b) Name of husband or wife | 21. I CENTIFY that death occurred on the date above stated; that I atlended deceased from |
| 7. Birth date of 71.24. | Wife had Ekois case |
| deceased (mo., day, yr.) May 25, 1893 | and thet I (jst saw h |
| 8. AGE: Years Months Day's If less than one day | Lober premorin 2 days |
| 2 / / / / / / / min. | Coff on way + |
| 9. Birthplace , (Town, county, and state) | Due to by atte |
| 1D. Usual occupation | Due to. Thya. |
| 11. Industry or business | |
| H 12. Name 12. Name 13. Birthplace | Other conditions |
| 13. Birthplace | (Include pregnancy within 3 months of death) |
| 14. Malden name | Major findings of aperations |
| ₹ 15. Birthplace | Date of op. |
| 18. Informant Association and | Autopsy results. Autopsy results. Physician beautopsy results. Physician beautopsy results. |
| Address Syn Esho md. | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| 17 Date thereof Date thereof (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory. a shirten A care | Where did injury occur? (City or town) (County) (State) |
| Location Discourse Miles Control of the Control of | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director W. W. Cheyubus Co | Means of Injury Injured at work? |
| Address Washington Dc. | Frank J. Broschart M. V. |
| 10 5/17 10 9m & Johns | 23. SIGNATURE |
| 19 | Address Faither hung mo Date signed 5:17. 46 |



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

£4938

| CERTIFICAT | E OF DEATH Reg. Dist. No. 715 |
|---|--|
| 1. PLACE OF DEATH: County MONT COMERY City or town. CHENY CHASE (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? MIRAL and give nearest town) Hospital, institution, or street address where death occurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MRRYLAND County MRNTGRMERY City or town CHEVY CHASE (If outside city or town limits, write RURAL and give nearest town) Street No. 12 EAST NOERWOOD 57, (If rural, give LOCATION) 2.(d) If veteran, name war. |
| GERTRUDE SPICER (| AREY 3. (b) Social Security Number |
| FEMALE WHITE WIDOW | MEDICAL CERTIFICATION 2D. DATE OF DEATH. MAY 6 1946, at 1 40 A. |
| 6.(b) Name of husband or wife WILLIRM E. CAREY 7. Birth date of deceased (mo., day, yr.) MARCH J, 1880 8. AGE: Years Months Days If less than one day 6.6 hrs. min. 9. Birthpiace BALTIMORE MARYLAND (Town, county, and state) 10. Usual occupation. HOUSE WIFE 11. Industry or business | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. M. 1943 to Mary 6 1946 and that I last saw here alive on Mary 6 1946 Immediate cause of death Coronary Occlusion Due to Milion a Clerusian generalized with Deverte Coronary Aclerosia Bue to Other conditions |
| 13. Birthplace MARYLAND 14. Malden name ELIZABETH KENDIG 15. Birthplace MARYLAND 16. Informant William E. Early | (Include pregnancy within 8 months of death) Major findings of operations |
| Address 11 E. Underwood St., Oh. Ich. Md. 17. Burial, cremation, or removal. Which?) Cemetery or crematory Location 18. Funeral director. Address 19 4 (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, filt in the following: Accident, suicide, or homicide |
| Address 3821-14th. St. N. W. Wash. W. 19. 19. 5/7 (Date reed by registrar) 19. 4 6 Pegistrar | 23. SIGNATURE / Nomas A Wildman M. D. or other/ 3731-morrison St NW. M. D. or other/ Address Bate signed 5/6/44 |

HIVARO TO REPUBLICA STATE OFFICIALS

MAY 16 1946

BUREAU V 6.

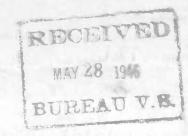
MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 492

| CERTIFICA | Reg. Dist. No. |
|--|---|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| county Mantgorner 4 | State MAY HAVID County MONTGOMENH |
| City or lown . Setves 4 . VT AVI A TA | " |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: SUBUNBAN Hospital-Bethesda | Street No. BUYNT MILLS HILLS (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veleran, name war |
| 3.(a) FULL NAME | 3. (b) Social Security Number |
| mr Albert C. Carl | 225-05-1331 |
| 4. Ssx 5. Color or racs 6.(a) Single, married, midewed, or diverged | MEDICAL CERTIFICATION 30 |
| m W | 20. DATE OF DEATH. 5 - 25 19.46 at 7 A. |
| 8.(6) Name of Justice Peggy I. Carl | 21. I CERTIFY that death occurred on the date above stated: that I atlended deceased from |
| G.(c) If alive, give ageyea | 10-20-45 19 10 5-25 19 46 |
| 7. Birth date of deceased (mo., day, yr.) Feb. 7. 1904 | and that I last saw h. Langalive on D-223-46 |
| 8. AGE: Years Months Days If less than one day | Immediato canse of death DURATION |
| 42 3 18nrsmi | In. J. (Franchagenics)) 14 car 4m |
| 8. Birthplace SHAMOKIN Pennsylvania (Town, county, and state) | Due la |
| | |
| | Due to |
| 11. Industry or business FENNA, CENTRAL 12. Name DARIUS CAY | |
| 12. Name DARIUS CAY! 13. Birthplace Pennsylvania | Other conditions |
| | (Include pregnancy within 3 months of death) |
| | Major findings of operations. |
| | Date of op. |
| 0 0 0 0 111 | Actopsy results |
| | 22. VtOLENCE: If death was due to external causes, till in the following: |
| 17. Burial, cremation, or removal, Whichi) Date thereof (months) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory Codar Hill Comotory | Where did injury occur? |
| Location Suitland, Re. Seo Co., Md. | Injured at home, farm, industry, public placo (where?) |
| 18. Funeral director Warner & Pump Proy | Means of Injury Injured at work? |
| Address Selver Spring and. | Stoff lo- mis |
| 5/27 46 SmElober | 23. SIGNATURE M. D. or other |
| 19. (Date rec's by registrar) [Segistration of the content of the | ar Address & whenbour 1 Josep 13 ldy Date signed 5-25-46 |

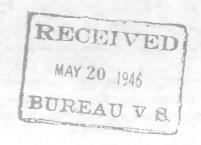
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The course of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

(4941) Reg. Dist. No. 2/8

| Clip or team. Cit considerately or troops immes, write RURAL and give narrout town) How long in above pince of death? Respital, institution, or street address where dath occurred: Rive long in above pince of death? Rive long in above pince of death. Rive long in above pince p | I. PLACE OF DEA | IH: Mon | tg Co, | 2. USUAL RESID | ENCE (HOME) OF | DECEASED: | |
|--|---|-----------------------|--|-------------------------|---|---|---|
| The control exists of the control institution, or street address where death occurred: City or town | County | | | - | | and a | |
| How long in above place of death? Street No. Street Address where death occurred: | City or town | ltnersbu | rg, Ma, (Kural) | State | Coun | by Markey | *********** |
| How long in above place of death? Street No. Street Address where death occurred: | (If our | tside city or town li | mits, write RURAL and give nearest town) | Cliv or town | abber . | | |
| Siree! No | How long in above place o | of death? | V J L D | (If or | usid city of town limits. | write BURAL and give r | nearest town) |
| Her long in heaspital or incitiulian? 3. (a) FULL NAME William St Clair, Caulfield 4. Sex Science race 6.60) Single, married, widowed, or diverced Married Marr | Hospital, Institution, or s | treet address where | death occurred: | Street No RY | 14261 | selfherd us | a (Venal) |
| 3. (a) FULL NAME William St Clair, Gaulfield 4. See Male White St. Color or nee Male White Married 6. (a) Single, married widned, or divarced Married 6. (b) Name of husband or wife 8. (c) If alive, give age. 8. (d) East ban one day 18. AGE: Years 18. Industry or business 19. (c) Married 10. Usual occupation. FARMER 11. Industry or business 12. Banne. 12. Banne. 13. Birthplace 14. Maiden name. 15. Birthplace 16. (a) Sheet in County, and state 17. Birthplace 18. Industry or business 19. (indude pregnancy within 3 mooths of death) Major findings of operation. | | | *************************************** | once no | Il rural, give I | LOCATION) | J. Character |
| 3. (a) FULL NAME William St Clair, Gaulfield 4. See Male White St. Color or nee Male White Married 6. (a) Single, married widned, or divarced Married 6. (b) Name of husband or wife 8. (c) If alive, give age. 8. (d) East ban one day 18. AGE: Years 18. Industry or business 19. (c) Married 10. Usual occupation. FARMER 11. Industry or business 12. Banne. 12. Banne. 13. Birthplace 14. Maiden name. 15. Birthplace 16. (a) Sheet in County, and state 17. Birthplace 18. Industry or business 19. (indude pregnancy within 3 mooths of death) Major findings of operation. | How long in hospital or in | nstitution? | | 2 (a) It voteran name | vor | | 4 |
| William St Clair, Gaulfield 4. Sex | | | | Z.(w) II veteran, name | 1 01 | | |
| Male White Married (c) Single, married, widowed, or diversed Married (c) Mame of husband or wife. S.(c) If alive, give age. S.(d) S. S. S. AGE: (conn. dar.y.) Aug. 28th. 1860 S. AGE: (conn. dar.y.) Aug. 28th. S. AGE: (conn. dar.y.) Aug. 28th. Aug. 28th. Alice and that I last saw h. Am. alive on Indicate cause of death. Dup in. Aug. 28th. Dup in. Aug. 28th. Dup in. Dup i | J. (a) PULL NAME | | | | | 3. (b) Social Securit | y Number |
| Male White Married (c) Single, married, widowed, or diversed Married (c) Mame of husband or wife. S.(c) If alive, give age. S.(d) S. S. S. AGE: (conn. dar.y.) Aug. 28th. 1860 S. AGE: (conn. dar.y.) Aug. 28th. S. AGE: (conn. dar.y.) Aug. 28th. Aug. 28th. Alice and that I last saw h. Am. alive on Indicate cause of death. Dup in. Aug. 28th. Dup in. Aug. 28th. Dup in. Dup i | W: | illiam | St Clair, Caulfield | 102 HV 6 | | | |
| Male White Married 6.(i) Name of husband or wife 6.(i) Hame of husband or wife 8. AGE: Verr Aug 28th 1860 8. AGE: Verr Months 10. Usual occupation 11. Industry or business 12. Hame of husband or wife 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. Informant 16. Informant 17. Birthplace 18. Informant 19. Industry or business 19. Industry or business 11. Maiden name 11. Maiden name 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. Informant 16. Informant 17. Birthplace 18. Informant 18. Informant 19. Informant 10. Usual occupation 19. Industry or business 11. Maiden name 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. Informant 16. Informant 17. Birthplace 18. Informant 19. Informant 10. Usual occupation 19. Industry or business 10. Usual occupation 10. Usual occupation 10. Usual occupation 11. Industry or business 11. Industry or business 12. Name 13. Birthplace 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. Informant 16. Informant 17. Enter of death 18. Informant 18. Informant 19. Informant 19. Informant 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 15. Birthplace 16. Informant 17. Birthplace 18. Informant 18. Informant 19. Informant 19. Informant 10. Usual occupation 10. Usual occupation 10. Usual occupation 10. Usual occupation 11. Industry occurs 12. Violence: It death was due to external causes, fill in the following: 18. Informant 19. Informant 19. Informant 19. Informant 10. Informant 10. Informant 10. Inform | | | 6.(a)Single, married, widowed, or divorced | | MEDICAL CE | PTIFICATION | |
| 6.(ii) Name of husband or wife. Balizabeth Caulfield Section Sectio | Mola | White | Monnied | | | | 0 |
| 6.(ii) Hame of husband or wife | Mare | | | 20. DATE DE DEATH | may ? | 154L | 1 4 Q |
| 1. Birth date of deceased (mo., day, yr.) Aug 28th 1860 8. AGE: years Months Days If less than one day 1860 8. AGE: years Months Days If less than one day 1860 8. By a Maryland Town, county, and state) 10. Usual occupation. Farmer Influence | | 11 | zabeth h Gaulilela | | | | |
| 1. Birth date of deceased (mo., day, yr.) 8. AGE: Vears Months Days If less than one day 1. Birthplace (Town, county, and state) 10. Usual occupation. Farmer 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. Mad 15. Birthplace 16. Birthplace 17. Birthplace 18. Informant Clizabeth Caulfield 18. Informant Clizabeth Caulfield 19. Burial 10. Burial 10. Burial 10. Caulfield Pergnancy within 3 months of death) Major findings of operations. Major findings of operations. Date of op. Antopy results. PHYSICIAN: Please andertine the cause to which death should be charged statistically. PHYSICIAN: Please andertine the causes, fill in the following: Accident, succession, or removal, Which) Chopper Md. 18. Funest C Gartner Madress Gaithersburg Md. Address Gaithersburg Md. | 6.(0) Name of husband or | wile | *************************************** | 1935 | No control of the date about | That I arresped the | 20 |
| ### Accessed (man, day, ry.) #### Accessed (man, day, ry.) ##### Accessed (man, day, ry.) ##### Accessed (man, day, ry.) ################################### | *************************************** | | | S Mrs | 19 | 10 | d. 619 |
| Rade: Years Months Days | | A | ug 28th 1860 | and that I last saw h | Manualize on | | 19 |
| Comparison County | | | | Immediate cause of de | th Complete | myocame | DURATION |
| S. Birthplace (Town, county, and state) 10. Usual occupation. Farmer 11. Industry or business 12. Name. John Caulfield 13. Birthplace Treland 14. Malden name. Estell Caussi 15. Birthplace Md 16. Informant Flizabeth Caulfield Address Gaithersburg, Md, RFD Burial 16. Informant Chiral Caussi (Include pregnancy within 3 months of death) Burial 16. Informant Caulfield (Include pregnancy within 3 months of death) Burial 16. Informant Caulfield (Include pregnancy within 3 months of death) Address Gaithersburg, Md, RFD Burial 16. Emeration, or removal, Which? Cemetery or crematory, St. Rose Cemetery. (Inconth) (day) (year) Location Chopper Md, (Connty) (State) 18. Funeral director Ernest C Gartner Address Gaithersburg Md, (Connty) (State) 19. Funeral director Gaithersburg Md, (Connty) (State) 19. Signature Whose Which death should be charged statistically. Means of injury occur? (City or town) (Connty) (State) 19. Injured at work? | | | | | | Q | 1040 |
| Due to D | 1800) 85 | 5 8 | 28hrsmin | | | | |
| 10. Usual occupation. Farmer 11. Industry or business 12. Name 13. Birthplace 14. Maiden name Estell Caussi 15. Birthplace Md Maior findings of operations. 16. Birthplace Burial 16. Birthplace Md Maior findings of operations Maior findings of oper | Ma | aryland | (* £1) | 0 | | THE VIEW | *************************************** |
| 10. Usual occupation. Farmer 11. Industry or business 12. Name | 9. Birthplace | (Town, | county, and state) | Due to | | | *** |
| 11. Industry or business 12. Name | 40.00 | | | CHARLES | MACK INTO | 000 | *** |
| 12. Name | 10, Usual occupation | 11 | *************************************** | Due la Celona | tin 1 mg | append . | **** |
| 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. Address Gaithersburg, Md, RFD 17. Burial 18. Burial 19. Date thereof. (Barial, cremation, or removal, Which?) Cemetery or crematory. Cemetery or crematory. Chopper Location. Chopper Address Cathersburg Md, Cathersburg Date thereof. (month) (day) (yesr) Competer Md, Location. Chopper Address Cathersburg Md, C | | | | Second | by rinder | mic borrowin | y 5 mo |
| 14. Malden name. Major findings of operations. 15. Birthplace 16. Informant Flizabeth Caulfield. Address Gaithersburg, Md, RFD Burial 17. Burial (Bnrial, cremation, or removal, Which?) Cemetery or crematory St Rose Cemetery Location Chopper Md, Location Ernest C Gartner Address Gaithersburg Md, Address Gaithersburg Md, Chopper Md | E 12 Name | nn Ga | ulilela | B14 | | V | **** |
| 14. Malden name. Major findings of operations. 15. Birthplace 16. Informant Flizabeth Caulfield. Address Gaithersburg, Md, RFD Burial 17. Burial (Bnrial, cremation, or removal, Which?) Cemetery or crematory St Rose Cemetery Location Chopper Md, Location Ernest C Gartner Address Gaithersburg Md, Address Gaithersburg Md, Chopper Md | 4 40 B. U. | ireland | | Diner conditions | *************************************** | *********************************** | |
| 15. Birthplace 16. Intermant Plizabeth Caulfield Physician Gaithersburg, Md, RFD Burial Barial, cremation, or removal, Which?) Cemetery or crematory. St. Rose Cemetery Location Chopper Md, Republication Chopper Md, Location Ernest C Gartner Address Gaithersburg Md, Address Gaithersburg Md, Location Chopper Md, Location Ernest C Gartner Address Gaithersburg Md, Address Gaithersburg Md, Location Ernest C Gartner Address Gaithersburg Md, Location Ernest C Gartner Address Gaithersburg Md, Location Chopper Md, Location Ernest C Gartner Address Gaithersburg Md, Location Chopper Md, Location Ernest C Gartner Address Gaithersburg Md, Location Chopper Md, Loc | | T3 - 4 - 7 7 | 0 | (India | do promonou within 2 me | onths of death) | |
| Antopsy results. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Address Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Unique at home, farm, Industry, public place (where?) Means of Injury Injured at work? | 14. Maiden name. Estell Caussi | | | | | | |
| Antopsy results. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Address Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Unique at home, farm, Industry, public place (where?) Means of Injury Injured at work? | TO Ar Blattalan | Md | | Major findings of oper | ations | *************************************** | |
| Address Gaithersburg, Md, RFD Burial Burial Cemetery or crematory. St. Rose Cemetery Location Chopper Md, Location Ernest C Gartner Address Address Address PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | ≈ 1 15. Birthplace | | | | | Date of op | |
| Address Gaithersburg, Md, RFD Burial Burial Cemetery or crematory. St. Rose Cemetery Location Chopper Md, Location Ernest C Gartner Address Address Address PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | 1B. Informant | izabeth | Caulfield | Antopsy results | | ************************************ | |
| Burial Solution St. Rose Cemetery Date thereof State | | | | PHYSICIAN: Ptease n | nderline the cause to which | ch death should be charge | d statistically. |
| Cemetery or crematory. St. Rose Cemetery. Continuous Chopper Md, Location Ernest C Gartner Address Gaithersburg Md, Address Gaithersburg Md, Accident, suicide, or homicide. Date of Mensiculation or removal. Which?) (City or town) (Connty) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? | | | 5/00/46 | 22. VIOLENCE: If dear | h was due to external cause | es, fill in the following: | |
| Cemetery or crematory. St. Rose Cemetery Location Chopper Md, Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Address Means of Injury Address Means of Injury Location Means of Injury Location Location Location Means of Injury Location Location Location Means of Injury Location Means of Injury Location Location Means of Injury Means of Injury Location Means of Injury M | | | Date thereof | | | | |
| Location Chopper Md, Injured at home, farm, Industry, public place (where?) 18. Funeral director Gaithersburg Md, Address Gaithersburg Md, 23. SIGNATURE Walou Shoene M. O | | | | | | | |
| Location Chopper Md, Injured at home, farm, Industry, public place (where?) 18. Funeral director Gaithersburg Md, Address Gaithersburg Md, 23. SIGNATURE Walou Shoene M. O | Cemetery or crematory. | St Rose | Cemetery | Where did injury occurs | (City or town) | (Connty) | (State) |
| 18. Funeral director. Ernest C Gartner Address Gaithersburg Md, Address Gaithersburg Md, 23. SIGNATURE Uplou & Noeure M. O | C: | donner | Md. | | | | |
| Address Gaithersburg Md, Address Gaithersburg Md, 23. SIGNATURE Uplou & house M. O | | | | | noustry, public place (whe | | *************************************** |
| Address Galthersburg Md, | 18. Funeral director | Ernest | C Gartner | Means of Injury | | Injured at work? | |
| 23. SIGNATURE WHUTH TO NOCULE IN. | | Gaither | sburg Md | Aut | 1 - 5 | _ (| 1. 1 |
| 19 May 27 1946 afreda Glorke Dans Lill Backs Wa M. D. or other | Address | | , , , , , , , , , , , , , , , , , , , | | era k | dene? | W. C |
| 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. | man | 24 46 | 1/2. 1. el/0 V | 23, SIGNATURE | .^^ | М. D. | . or other |
| Harder Per C. W. Project Per C. | (Date rec'd by regis | tror) | Registrar | Dayma | Minu | use ma | £/27/46 |

MAY 30 1946 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore /07)

CERTIFICATE OF DEATH

| X | 1 | 4 | G | 4 | 1 | | 1 |
|------|-------|---|---|---|---|---|---|
| Reg. | Diat. | N | ٥ | | 1 | Z | 6 |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|---|---|------------|--|
| County MATONITONITONITONITONITONITONITONITONITONI | state Mary Larid county | ŀ | |
| City or iown | | | |
| How long in above place of death? 4days + 4hrs. | (If outside city or town limits, write RURAL and give nearest town) | | |
| Hospital, institution, or street address where death occurred: Suburban Hospital - Tethesda Mid. | Street No. 1619 CAYO AVE. | | |
| How long In hospital or Institution? 4days + 4hrrs. | (If rural, give LOCATION) | | |
| 3. (a) FULL NAME | 3.(b) Social Security Number | | |
| | 5. (0) Social Security Number | | |
| 4. Sex 5 Color or race 5.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| single. | | 2 | |
| m W | 20. DATE OF DEATH WILL G 19.46 at 11.30 | H | |
| 6.(b) Name of husband or wife | MAY 2 19 46 MAY 6 19.7 | 16 | |
| 7. Birth date of | and thet I last saw h. 1. A. alive on | 16 | |
| deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day | Immediate cause of death | | |
| 75hrsmil | Preumonia, Lobular 2 DA | <u>y.s</u> | |
| 9. Birthplace Prince Sea Co. Md. (Town, county, and state) | Due to | | |
| 10. Usual occupation SZRA | | | |
| | Due to | | |
| 11. Industry or business | Diter conditions ARTERIO SCLEROSIS YEARS | | |
| 12. Name Albert Charles 13. Birthplace English | | | |
| 14. Malden name west-now | GENERALIZED. (Include pregnancy within 3 months of death) | | |
| 14. Malden name Leasth-name 15. Birthplace End (4:14) | Major findings of operations. | | |
| 16. Informant Charles of Charles | Autopay results ARTERIOSCLEROSIS, GENERALIZES, PREUMA | | |
| Address | PHYSfCIAN: Please underline the cause to which death should be charged statistically. | abuly | |
| 0 11 0 0 11 | 22. VIOLENCE: If death was due to external causes, fill in the following; | | |
| (Burial, cremation, or removal. Which?) | Accident, suicide, or homicide | | |
| Cemetery or crematory Thack Call Creation | Where did injury occur? | ****** | |
| Location Washington IC | Injured at home, farm, Industry, public place (where?) | | |
| ucu cha hear ca | Means of Injury Injured at work? | | |
| . 0 - 00 | ALIHO Al Am | 0 | |
| Address / 400 Chopen St no | 23. SIGNATURE STABLES - De facour Min | - | |
| 18 5/7 18 4/ 7m & Jobes | 23. SIGNATURE And Hospital Buther do Md. D. or other | 1.2 | |



La Comp de De de Maria

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: clearly (If rural, give LOCATION) information of death cles How long in hospital or institution?.. 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, 4. Sex MEDICAL CERTIFICATION item of i MARGIN RESERVED FOR BINDING 21.CLCERTIFY that death occurred on the date above stated: that I attended deceased from S.(c) If alive, give ageyears 7. Birth date of Supply ease wri deceased (mo., day, yr.) DURATION 8. AGE: If less than one day 70 d 10. Usual occupation. 11. Industry or business 12. Name PLAINLY, WITH UNI is especially important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden name.... Major findings of operations..... 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide..... (Burial, cremation, or removal, Which?) (month) (day) (year) Where did injury occur? WRITE (City or town) Injured at home, farm, Industry, public place (where?) Injured at work? Meens of Injury 18. Funeral director. PLEASE 23. SIGNATURE S (Date rec'd hy registrar) Address...

RECENTED

MAY 28 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04943

CERTIFICATE OF DEATH

... Date signed My 23

| CLICITICA | Reg. Diat. No. |
|--|--|
| 1 PLACE OF DEATH: County YYOVITAOYVICY Y | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| (If outside city or town limits, write RURAL and give nearest town) [Ow long in above place of death? 26 1.53. ± 25 1.71.1.2. [Ospital, institution, or street address where death occurred: | City or town Thocks Rd., Retherda, (If outside city or town limits, write RURAL and give nearest town) |
| Suburban Hospital-Bethesda-Md | |
| low long in hospital or institution? 26 by 5 + 25 min. | |
| 3. (a) FULL NAME MASTEY Lloyd W. Corrulell | 3. (b) Social Security Number |
| 4. Sex 5. Color or face S.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION 55 20. DATE OF DEATH. 5-25-46 19 |
| 8.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated: that I attended daceased from 2. 4. 19.46. to May 2.5. 18.46. |
| 7. Birth date of deceased (mo., day, yr.) A以Q-, 1, 1945 | and that I last daw h / M alive on May 251 18.46 Immediate cause of death OURATION |
| 8. AGE: Years Months Days If tess than one day 9 mon 25 | ENTERITIS A CUTE 508YS |
| 9. Birthpiace(Town, county, and state) | Due to |
| 10. Usuai occupation | Oue to |
| E 12. Name Walter Cornwell | Other conditions |
| 14. Maiden name Virgie Able 15. Birthplace Virginia | (Include pregnancy within 3 months of death) |
| | Major findings of operations. Oate of op. |
| Address 7 Locks Rd Bethesda Md | Autopsy results |
| Address 7 LOCKS Nd DeThesd 2 17. Burl 2 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) | 22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Cemetery or crematory | Where did injury occur? |
| Location Belleville, Miles | Injured at home, farm, Industry, public place (where?) |
| Address Bethesda ma. | 22 SIGNATURE DOWNET & Se Touto MS. |
| 19. S/28 19 Y/6 Mm & John Registrar) (Date rec'd by registrar) Registrar | Suburlan Hook. M. D. or other |

Address....

ARGIN RESERVED FOR BINDING

VS A15 9.45-15-1

RECEIVED
JUN 7 1916

E CALLY STEEL STEEL STEEL STEEL

2411 N. Charles St., Baltimore 940

04944

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: Montgomery Montgomery | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|--|
| Silver Spring | state Maryland county Montgomery |
| City or fown Silver Spring (If outside city or town limits, write RUKAL and give nearest town | |
| How long in above place of death? | |
| KANAMAN r sirect address where death occurred: | Street No. 1123 Fidler Lane ((f rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war. NO |
| 3.(a) FULL NAME Richard D. Pr | 3. (b) Social Security Number 578-22-8840 |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male white married | 20. DATE OF DEATH. May 6 19.74.6 at//: 3 |
| 6.(b) Name of husband or wife Myrtle M. | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | |
| 7. Birth date of deceased (mo., day, yr.) Sept. 9th. 1875 | and that I last saw halive on |
| deceased (mo., day, yr.) Sept. 9th. 1875 8. AGE: Years Months Days If less than one day | Immediate cause of death |
| 70 7 27hrs. | min D dae |
| | - July Comment of Comments of the Manual of the Comments of th |
| 9. Birthplace Washington, D. C. (Town, county, and state) | Due to |
| 10. Usual occupation Guard. Johns Hopkins Lab | nun to |
| 11. Industry or business | 000 (0 |
| [12. Name William Crompton | Bither conditions happentantin 37 |
| 13. Birthplace England | |
| 14. Malden name Catherine Walsh | (Include pregnancy within 3 months of death) |
| 14. Malden name Catherine Walsh 15. Birthplace Ireland | Major findings of operations. |
| | Date of op. |
| 16. Informant Mrs. Myrtle M. Crompton | Autopsy results |
| Address 1123 Fidler Lane. Sil. Spg. | 22 VIOLENCE: If death was due to external causes. Illi in the following: |
| 17. Burial Bate thereof 5 - 8 - 1 (Burial, cremation, or removal, Which?) Bate thereof 5 - 8 - 1 (mouth) (day) (yes | Accident, suicide, or homicide |
| Cemetery or crematory. Cedar Hill | |
| Location Prince Georges Co. Md. | |
| () | Injured al home, farm, industry, public place (where?) |
| 18. Funeral director Warnes & Pumphway. | Means of injury injured a work means of injury and the fact of the |
| Address Silver Spring, Md. | 23. SIGNATURE M. D. or other |
| | |

MARGIN RESERVED FOR BINDING

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MAY 9 1946 BUREAU V 8

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bjo

CERTIFICATE OF DEATH

04945

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborg infants give realdence of mother) |
|---|--|
| City or town. Clred BURAL BURA BURA BURA BURA BURA BURA BURA BURA | State Mil gonty hy ontgomeny |
| (If official city of town limits, write korker and give hearest town) | City or town then thing hill |
| How long in above place of death? | (If outside city or two limits, write RURAL and give nearest town) |
| King to In 1topp Clney ml. | Street No |
| | 2.(a) If veteran, name war |
| How long in hospital or institution? | i. |
| 3. (a) FULL NAME. | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, vidowed, or divorced | MEDICAL CERTIFICATION |
| mole White manies | 20. DATE OF DEATH 57.5 19.46 at 40 |
| le a si to a | 21. I CERTIFY that death occurred on the date above stated; that, I attended deceased from |
| 6.(6) Name of husband or wife | 4/14/16 19' 10.075 |
| T. Birth date of | and that I last saw h alive on 5.75 |
| deceased (mo., day, yr.) 3/15/1884 | Immediate cause of death DURATION |
| 8. AGE: Years Months Days If less than one day | Palmona Embles 10 m |
| 61 / 20hrsmin. | |
| md' | montolectory 4/26/V |
| 9. Birthplace (Town, county, and state) | Due 10 |
| 10. Usual occupation medianist. | |
| 11. Industry or business | Due 10. |
| -1 | |
| E | Other conditions |
| | (Include pregnancy, within 3 months of death) |
| 14. Maiden name Elez Terror. 15. Birthplace Md. | Major findings of operations / typeshybles Vrobble |
| 15. Birthplace Md. | Date of op. 5/. 26/ 4 64 |
| m f | Autopsy results. |
| 16. Informant | PHYSICIAN: Please nuderline the cause to which death should be charged statistically. |
| Address Rysknele, 111a. | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year) | Accident, suicide, or homicide |
| to 10 th 6 7 6000 | |
| Cemetery or crematory Tongol Call 5 - 1946 | Where did injury occur? (City or town) (County) (State) |
| Location Saughersburg Me | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director trus Renben Thunkhing | Means of Injury injured at work? |
| n 4.00 L | mra 1 |
| Address Mockwille, ma | 23. SIGNATURE M. D. or other |
| 19 May 5 1946 Denhudus. Law | and the state of t |
| (Data man'd by manistron) Registrar | Address Const. D. C. Raje signed |

RECEIVED

MAY 16 1946

BUREAU V.S.

FOR BINDING

MARGIN RESERVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| CERTIFICAT | E OF DEATH Reg. Dist. No. 210 |
|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| DAHL, Eugene Ludwig 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced married | MEDICAL CERTIFICATION 27 May 19 46 3:10A M |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 May 19 16, to 27 May 19 16 and that I last saw h im alive on 27 May Immediate cause of death Congestive forlice OURATION OURO. |
| 9. Birthplace Iowa (Town, county, and state) 10. Usual occupation veteran 11. Industry or business 12. Name Carl Dahl 13. Birthplace Denmark (dec) | Due to Chronost orter scloops Over myscolist infants Due to Service Scloops Die to Service Schools orter Differ conditions (Include pregnancy within 3 months of death) |
| 14. Maiden name Georgiana Peterson 15. Birthptace Norway (dec) 15. tnformant Wife: Mrs. Pearl L. Dahl Address 1353 Nicholson St., N. W. | Major fiedings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17. burial (Burlal, cremation, or removal. Which?) Cemetery or crematory Arlington National Location Arlington, Va. 18. Funeral director. S. H. HINES | 22, VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Address 14th & Harvart St., N. Wash., D. C. 5-27 46 Mary Charlotte Smith (Date rec'd by registrar) Registrar | 23. SIGNATURE C. W. THOMPSON, Lt.Cdr. (MC) USNR USNH Bethesda, Md. Date signed Date signed |

JUN 7 1946 BURLAU V S

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 44-01 CERTIFICATE OF DEATH Reg. Dist. No. 216 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 1. PLACE OF DEATH: Montgomery Washington, D. C. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 145 Days Hospital, Institution, or street address where death occurred: 3211 S Street, N. W. U.S. Naval Hospital Bethesda Md. (If rural, give LOCATION) How long in hospital or institution? 145 Days 3. (b) Social Security Number DEI TRICK William Alexander 8.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION W-US married , 46 , 0410 A 20. DATE DE DEATH..... 8.(b) Name of husband or wife Mrs.... Virginia Mayo Deitrickerlify that death occurred on the date above stated; that I atlended deceased from 12 Dec. 19/16 to 6 May 19/16 and that I last saw h. J.M. alive on April 20 deceased (mo., day, yr.) DURATION If less than one day Days 16 7mo. 44 9. Birthplace. Virginia (Town, county, and state) U.S. Navx in Usual occupation..... 11. Industry or business I 12. Name Joseph L. Dietrick 13. Birthplace Virginia 14. Maiden name Sue McWhorter Virginia 18. Informant Mrs. Virginia Mayo Deitrick PHYSICIAN: Please underline the eause to which death should be charged statistically. Address 3214 S St. Washington, D.C. 22. VIOLENCE: If death was due to external causes, fill in the following: 17. burial (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Cemetery or crematory Arlington National Where did injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Location Arlington, Virginia Injured al work? Means of Injury Address 2900 M St. N.W. Wash. D.C.

USNH Bethesda, Md.

information carefully. The cof death clearly and legibly.

item of i

ADING INK. Supply Physicians: please wr

important.

MARGIN RESERVED FOR BINDING

3. (a) FULL NAME

Male

7. Birth date of

15. Birthplace

8. AGE:



And The Property of the State o

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: County Montgomery | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | |
|--|----------------------|----------------|---|--|---|---|--|
| Tokome Donk | | | | State Maryland county Montgomery | | | |
| City or town | | | URAL and give nearest town) | City or town Takoma Park (If outside city or town limits, write RURAL and give nearest town) | | | |
| | | | | | | | |
| XI WHAT IN THE PROPERTY OF THE | Street address where | death occurred | 1: | Street No. 9 Poplar Ave | | ••••• | |
| э горт | ar ave. | | | (If rural, give | | | |
| How long in hospital o | r Institution? | | *************************************** | 2.(a) If veteran, name war | | | |
| 3. (a) FULL NAM | J. MILT | ON DE | RRICK | | 3. (b) Social Security 578-10-91 | | |
| 4. Sex | 5. Color or race | 6.(a)Singl | e, married, widowed, or divorced | MEDICAL C | ERTIFICATION | | |
| male | white | ma | rried | | | 21 | |
| | | | | 20. DATE OF DEATH May | | | |
| 6.(6) Name of husband | or wite Flor | ence | S. | 21. I CERTIFY that death occurred in the date abo | | | |
| | | В.(| c) It alive, give ageyears | and that blast saw h alive on | Case | 19 | |
| 7. Birth date of | A | | | and that Last saw halive on | | 19 | |
| 8. AGE: Years | | Days | It less than one day | Immediate caase of death | | | |
| | ATTLE S | | hrsmln. | | Ø | and | |
| 52 | 8 | 10 | 1 | Coronary occ | cusum : | Suddenly | |
| 9. BirthplaceW8 | shington | , D. | C. e | Due to | | | |
| | Alltomob | ile D | ealer | | | *************************************** | |
| 10. Usuat occupation. | 2140011100 | 110 | <u> </u> | Due to | *************************************** | | |
| 11. Industry or busines | | | | *************************************** | *************************************** | ** | |
| 12. Name Ja 13. Birthplace | cob B. D | erric | ζ | Other conditions | | | |
| 13. Birthplace | Miss. | | | (Include pregnancy within 3 a | | | |
| H Maldan same | Bernett | a E. 1 | Howard | | | | |
| E 14. mainen name. | Weehing | ton | 0 | Major fiadings of operations | | | |
| 14. Malden name. 15. Birthplace | MasiiTiig | 0011, | 0. 0. | | | | |
| 18. Interment | rs. Flor | ence | S. Derrick | Antopsy results | | at a tistica No | |
| Address 9 P | oplar Av | e. Tal | koma Park. Md. | | | statisticany. | |
| . Buri | al | Date these | 5-13-1946 | 22. VIOLENCE: If death was due to external cau | | | |
| 17. Burial Date thereot 5-13-1946 (month) (day) (year) | | | (month) (day) (year) | Accident, suicide, or homicide | | | |
| Cometery or Cremat | George | Wash | ington Memorial | Whare did injury occur?(City or town) | (County) | (State) | |
| Pri | nce Geor | ge's | County, Md. | tnjured at home, farm, industry, public place (w | | | |
| | | | | Means of Injury | Injured at work? | 1 | |
| | | | umphrey | 1 1 | Broschaut | e mil | |
| Address Si | lver Spr | ing | Jary Land. | 11 Frank &1 | 1 10 | | |
| 18. May | 111946 | 1 | FIIM WOOD | 3. SIGNATURE Proces | 1 | or other | |



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 472 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Montgomeray Cily or town... Bethesda. (If outside city or City or town Side city or town limits, write RURAL end give nearest town) Hospital, Institution, or street address where death occurred: Street No. 6.1.2 Bana fant ST (If retal, give LOCATION) How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number 577-07-7279 MEDICAL CERTIFICATION item of i Married MARGIN RESERVED FOR BINDING 20, DATE OF BEATH 21 MAY 19 46 1 1:15 P 6.(6) Name of husband or wife Maregaret Duster hotel 21. I CERTIFY that death occurred on the dale above stated: that I attended deceased from 6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) NOU. 8. AGE: DARHAGE 39 ADING INK. Physicians: pl MALIGNANCY 9. Birthplace Mas hington D. (Town, county, and state) leak wash Gas + 4ight Co

wach. Gas + bight 12. Name Charles Dusterhoff 13. Birthplace Germany beret 14. Maiden name a. Q. n.e.S.

Date thereof MRY 74 19305 (month) (day) (year) 17. BORIAL.
(Burlal, cremation, or removal, Which?) Cemetery or crematory FORT LINCOLN. Location PRINCE GEORGES Co. MO

important.

15. Birthplace

Address SILVER SPRING. MARYLAND.

Where did injury occur?

Meens of Injury

Other conditions MULTIPLE

Injured at work?

METASTASES

(Include pregnancy within 8 months of death)

22. VIOLENCE: If death was due to external causes, fill in the following;

Injured at home, farm, Industry, public place (where?)

(City or town)

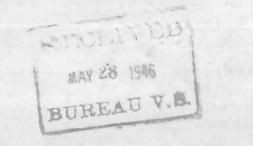
Accident, suicide, or homicide,....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

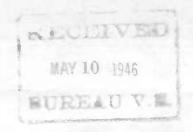
RECHIVED MAY 28 1946

BUREAU V.S.

| 200 | | PARTMENT OF HEALTH s St., Baltimore (1960) | | |
|---|---|--|--|--|
| ect | on Film of 105- June 3, 1946 CERTIFICAT | E OF DEATH Reg. Dist. No. 216 | | |
| ion carefully. The correct clearly and legibly. | 1. PLACE OF DEATH: Nontgomery County Bethesda, (rural) City or town (if outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 month, 1 day Hospital, institution, or street address where death occurred: US Naval Hospital, Rethesda, Md. How long in hospital or institution? 1 month, 1 day | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale | | |
| information of death cle | 3.(a) FULL NAME EDGE, Isaac Fred | 3. (b) Social Security Number | | |
| INDING item of info | 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MARRIED | MEDICAL CERTIFICATION 20. DATE OF DEATH | | |
| OR B) every | 6.(6) Name of husband or wife Mrs. Ruth N. Edge 6.(c) It alive, give age years T. Birth date of deceased (mo., day, yr.) 31 January 1894 | 21. I CERTIFY that dealh occurred on the date above stated; that I altereded deceased from 20 April 19.46 to 21 May 19.46 | | |
| VED I | 8. AGE: Years Months Days It less than one day | and the same of death of the same of the s | | |
| MARGIN RESERVED F NFADING INK. Supply nt. Physicians: please wi | 9. Birihplace S.C. (Town, county, and state) 10. Usual occupation veteran 11. industry or business 12. Name Jean S. Edge James H. B. 13. Birthplace S.C. | Due 10. The State of the State | | |
| WITH U importan | 14. Malden name Rosa Harrelson 15. Birthplace S.C. 16. Informani Wife: Mrs. Ruth N. Edge | (Include pregnancy within 3 months of death) Major findings of operations. Dale of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. | | |
| RITE PLAINLY, is especially | Oate thereot 5-21-16 (Burial, cremation, or removal, Which?) Cemelery or crematory CEDAR HILL | 22. VIOLENCE: If dealh was due to external causes, fill in the following: Accident, suicide, or homicide | | |
| VS AIS | Location Washington, D. C. 18. Funeral director Thomas F. Murray Funeral Home S. M. S. Address 2007 Nichols Avenue, Wash. D. C. 19. 5-22 19. Mary Charlotte Smith (Date ree'd by registrar) Registrar | Means of Injury Injured at home, farm, industry, public place (wherer) Injured at work? Injured at work? 23. SIGNATURE F. K. KLOOS, Lt. (jg) (MC) USNR M. D. or other Address USNH Bethesda, Md. Dale signed 5-22-146 | | |



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 763-7 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: clearly and legibly. (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred (If rural, give LOCATION) information of death cles 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING 20 DATE DE DEATH May 5 19 % 6 at 6 in P M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 24-19. to 19. deceased (mo., day, yr.) DURATION If less than one day 8. AGE: 10. Usual occupation... 11. Industry or business PLAINLY, WITH UNF is especially important. (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death abould be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Descende Where did injury occur?(City or town) (County) Injured at home, farm, industry, public place (where?) Injured at work? Meens of Injury 18. Funeral directo Date signed 5-5--(Date rec'd by registrar)



MARGIN RESERVED FOR BINDING

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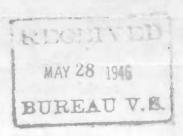
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(4952

Learning MH Date signed 5-21-X6

| CERTIFICAT | TE OF DEATH Reg. Diat. No. 2-16 | | |
|---|--|--|--|
| 1. PLACE OF DEATH: County Montgomery | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
| City or town. Chevy Chase (If outside city or town limits, write RURAL and give nearest town) | State Maryland county Montgomery | | |
| How long in above place of death? 22 years | City or town Che vy Che se - 15 (If outside city or town limits, write RURAL and give nearest town) | | |
| Hospital, Institution, or street address where death occurred: | Street No. 4506 Leland Street | | |
| How long in hospital or institution? | (If rural, give LOCATION) 2.(a) If veteran, name war | | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | | |
| David (1) Fr | 169-07-5227 | | |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Male White Married | 20. DATE DE DEATH May 2/ 19 X 6 217:50 P. | | |
| B.(b) Name of husband or wife Hattie Stuckey | 21. I CERTIFY that death occurred on the date above stated; that I attended doceased from | | |
| 54 | Def med from case | | |
| 7. Birth date of deceased (mo., day, yr.) December 11, 1881 | and that I last saw hallve on | | |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION | | |
| 64 5 10hrsmin. | Cerebal humorrhage 1/2 for | | |
| 9. Birthplace At CO , N. J. (Town, county, and state) | Due to | | |
| 10. Usual occupation Estimator & Sales | Due to. | | |
| 11. Industry or business Hyde Murphy Co. | previous carely hunting | | |
| 12. Name Charles M. Fox 13. Birthplace New Jersey | Other conditions 5 72 ag 3 | | |
| | (Include pregnancy within 8 months of death) | | |
| 14. Maiden name Mary Connard New Jersey | Major findings of operations | | |
| 16 Informant Mrs. Hattie S. Fox | Autopsy results. | | |
| | PHYSICIAN: Please underline the cause to which death should be charged statistically. | | |
| | 22. VIOLENCE: If death was due to external causes, fill in the following; | | |
| 17. Burial Date thereof (month) (day) (year) | Accident, suicide, or homicide | | |
| Cemetery or crematory Fort Lincoln Cemetery | Where did injury occur? | | |
| Location (B.S.Laryland). | Injured at home, farm, industry, public place (where?) | | |
| 18. Funeral director W Keuben Tumphrey | Meens of injury Injured at work? | | |
| Address Bethe sda, Maryland | Frank J. Broschart M. J. | | |
| 19. May 22,046 Jm E Joles | 23. SIGNATURE | | |
| (Date rec'd by registrar) | Address Lew Therstoney MM Date signed 5 2 - Y | | |



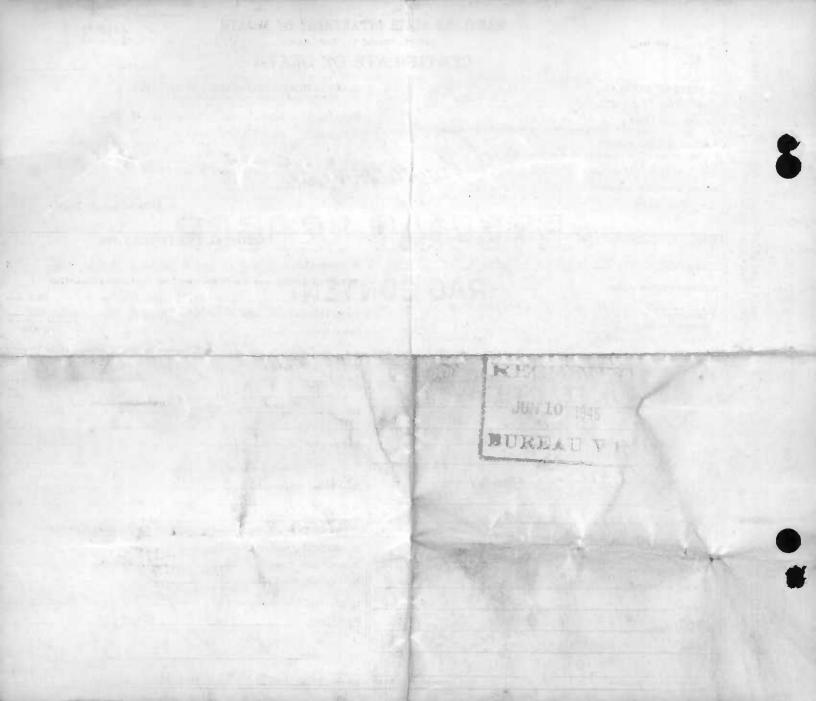
MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (144) CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County 1/10 1 + 00 we cry State Maryland County Mantgowcro (If out ide city or town lights, write RURAL and give nearest town) information carefully of death clearly and (If outside city or town limits, white RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 1-50m 5. Color or race MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING Colored. SINGLE Female. 19.46 at 2:20A m 21. I CERTIFY that death occurred on the date above stated: that | attended deceased from 8.(b) Name of husband or wife..... 1946 to May 18 1946 7. Birth date of deceased (mo., day, yr.) DURATION If less than one day Bays 8. AGE: Housewo 10. Usual occupation... 11. Industry or business 12. Name..... 12. Name J. Q. Y. M. Q. N. important. (Include pregnancy within 3 months of death) HE 14. Malden nai LOW 15. Birthplace Major findings of operations especially 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof., (month) (day) (year) Accident, suicide, or homicide..... (Burial, cremation, or removal. Which?) Where dld injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?

23. SIGNATURE...

Registrar

Address D. R. M.O

M. D. quothe



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940



(4554

CERTIFICATE OF DEATH

| | 4 | | | | |
|----|--------|-------|------|---|------|
| 10 | | | | - | |
| | Dan | Dist | No | 2 | 11 |
| | Trans. | DIST. | 1100 | | 4 14 |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|---|---|--|--|
| County Montgomery Montrose City or town (If outside city or town limits, write RURAL and give nearest town) | State Maryland County Montgomery | | |
| City or town | Montrose | | |
| How long in above place of death? 19 years | City or town | | |
| Hospital, Institution, or street address where death occurred: | Street No. Non e | | |
| | | | |
| How long in hospital or institution? | 11 - 1 - 1 | | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | | |
| FRANK IVA GREENWALT | 578-01-8682 | | |
| 4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Male White Married | 20. DATE OF DEATH. May 12 19.46 9: 20 A | | |
| B.(b) Name of husband or wife. Mae Cummings Greenwal | | | |
| | // // // // // // // // // // // // // | | |
| 7. Birth date of | years and that I last saw h. Americanilye on | | |
| deceased (mo., day, yr.) Apr 11 22, 1901 | Immediate cause of death | | |
| 8. AGE: Years Months Days if less than one day | Coronary Thron force Thou | | |
| 45 0 20hrs | min. | | |
| 9. Birthplece | Due to | | |
| (Town, county, and state) | | | |
| 10. Usual occupation Real Estate | Due to | | |
| 11. Industry or business | | | |
| E 12. Name Frank Greenwalt Virginia | Other conditions | | |
| ₹ 13. Birthplace Virginia | (Include pregnancy within 3 months of death) | | |
| 14. Maiden name Ella Pitts 15. Birthplace Alexandria, Va. 16. Informant Mrs. Frank Iva Greenwalt | | | |
| Alexendria Va | Major findings of operations | | |
| The color Town Consequent | Date of op. | | |
| 16. Informant Mrs. Frank Iva Greenwalt | Autopsy results | | |
| Address Montrose, Maryland | On THOUTINGS, If death was due to external sources till in the followings | | |
| Burial Burial (Burial, cremation, or removal, Which?) Bate thereof May 15, 19, (mouth) (day) (year) | Accident, suicide, or homicide | | |
| (Burial, cremation, or removal. Which?) (mouth) (day) (year) Cemetery or crematory (mouth) (day) (year) | | | |
| | Where did injury occur? | | |
| Location Rockville, Maryland | Injured at home, farm, industry, public place (where?) | | |
| 18. Funeral director. W. M. Rausen, C. Landy Street | Means of injury injured et work? | | |
| Address Bethesda, Maryland | Shust. Denjamin MD | | |
| | 23. SIGNATURE M. D. or other | | |
| 19. 5/13 19 46 Mm & John Romes | | | |
| (Date rec'd by registrar) | trar Address Date signed Date signed | | |

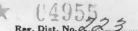
THE PROPERTY OF THE PARTY OF TH

RECEIVED
MAY 20 1946
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH



| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|--|
| county Montgomery | (For newborn infants give residence of mother) |
| City or town Talkom of Park | State D. C. County |
| (If outside city or town limits, write RURAL and give nearest town) | City or town (if outside city or the limits, write RURAL and give nearest town) |
| How long in above place of death? 383/4 hours | (If outside city or thwn limits, write RURAL and give nearest town) |
| tospital, Institution, or street address where death occurred: | 1 Street No. 1436 Meridian Place n. W. |
| Washington Sonitarium and Hospi | (If rural, give LOCATION) |
| How long In hospital or institution? | 2.(a) if veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Mamie L. Grimes | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Female Cauc. widowed | man 1/2 11/ 1:45 A |
| | 20. DATE OF DEATH May 16, 19 46, at 1:45 A |
| 8.(b) Name of husband or wife Jack Grimes | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | May 14, 1946, 10 May 16, 1946 |
| 7. Birth date of | and that I last saw hard alive on Made 15 19.46 |
| deceased (mo., day, yr.) September 25, 1872 | Immediate cause of death |
| B. AGE: Years Months Days If less than one day | Coronary thrambasic 3-4 s. |
| 73 74 18hrs | |
| Faugher. Co. | Cardination |
| 9. Birthplace (Town, county and state) | But Cardiac infarction |
| | |
| 10. Usual occupation. HBusewite. | Due to Chr. Colitis |
| 11. Industry or business | |
| 12. Hame Baawoolya Marsteller 13. Birthplace ? | Other conditions. Senselity |
| 13. Birthalace 7 | |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name Mary Chad well 15. Birthplace | Major findings of operations |
| E 15. Birthplace | Date of op. |
| 16. Informant Records - washington Son. Y Hos | b |
| 16. Informant 1. 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | PHYSICIAN: Please underline the cause to which death abould he charged statistically. |
| Address | and the second s |
| Removel not them my 11 -13 | 22. VIOLENCE: If death was due to external causes, till in the following; |
| 17. (Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory | Where did injury occur? |
| 2000-0000-11 | |
| Location | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director Tee: W: Bate & Serve | Means of Injury Injured af work? |
| and and and one | D 125 14 71.0 |
| Address // C. T. C | 23 SIGNATURE Paul V. Starr, M. N. |
| " may 16 " 41 AH 11/100 07/11 | M. D. or other |
| (Date rectably registrar) | rar Address ahoma lark Md, Date signed 5-16-4 |

MARGIN RESERVED FOR BINDING

VS A15

MAY 16 1946

BUREAU V.S.

Fab & B. Jo & Market

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|-------|-----|----|----|-----|
| DTIEI | ATE | OF | DE | ATT |

Reg. Diut. No.

| 1. PLACE OF DEATH: Montgomery | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|--|---|-----------------|---|---|---|--|
| County | | | \ | State D. C. Cou | | |
| City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) | | | | 187 - 1- i | | |
| How long in above place of death? 3 days | | | | City or town Washington (If outside city or town limits | , write RURAL und give nearest town) | |
| Hospital, Institution, | or street address where | death occurred | • | Street No. 1150 17th St., N. | E. Apt.4. Wash. D.C. | |
| | | | thesda, Md. | (If rural, give | | |
| How long in hospital | or institution?3 | days | *************************************** | 2.(a) If veteran, name war | · · · · · · · · · · · · · · · · · · · | |
| 3. (a) FULL NA | | Harry | Gilbert, V.A.P. | | 3. (b) Social Security Number | |
| 4. Sex | 5. Color or race | | e, married, widowed, or divorced | MEDICAL CE | ERTIFICATION | |
| male | W-US | | Married | | | |
| | 1 02 | | 21012 2 2 0 0 | 20. DATE OF DEATH 25 May | 19 46 at 8:26 P. | |
| 6 (h) Name at huchai | ad or wife Mrs | H. G. | Grimm | 21. I CERTIFY that death occurred on the date about | ve stated; that I ettended deceased from | |
| O.(O) Hallio Of Habban | 14 01 1010 | 0.4 | A 11 - 11 - 1 - 1 - 1 | 22 May | 46. 25 May 19 46 | |
| T. Birih dale ot | *************************************** | | thalive, give ageyears | and that I last saw h im alive on 25 Ma | y 19 46 | |
| deceased (mo., day | | ber 26, | | Immediate cause of death. | | |
| 0 | ars Months | Days | If less than one day | Disease, Gartie | Stenosia 3 yrs. | |
| | 57 4 | 29 | hrs min. | - | | |
| 9. Birthplace | Virginia | county and a | tate) | Due to | | |
| | weteran | , county, and a | , a | | | |
| | | | *************************************** | Due to | | |
| 11. Industry or busin | | CDTIC | | *************************************** | | |
| 里 12. Name | | GRIMM. | | Dther conditions | | |
| 13. Birthplace | Virginia | | | (Include pregnancy within 3 m | | |
| 当 14. Maiden nam | Virginia | RSON | | Major findings of operations. | nonths of Geath) | |
| E STATE OF THE STA | Wineman and a | | | | | |
| == 13. Birtingiace | ATLETHTS | | | N FI | Date of op. | |
| 16. Informant | ie: Mrs. H. | G. Gri | mm _. | PHYStCIAN: Please underline the cause to wh | Sh. doubt should be charged statistically | |
| Address 1150 | 17th St., | N. E. | Apt. 4 Wash. D. | | | |
| | | | | 22. VIOLENCE: If death was due to external caus | | |
| | on, or removal. Which | | (month) (day) (year) | Accident, suicide, or homicide | | |
| Cemetery or crem | atory Mt. He | bron | | Where did injury occur?(City or town) | (County) (State) | |
| Location | Winche | ester, 1 | /irginia | Injured at home, farm, Industry, public place (wh | nere?) | |
| 18. Funeral director | W. W. (| CHAMBERS | , Joon | Means of Injury | injured at work? | |
| Address 5. | 17 11th Sta | reet S | E. Wash D. P. | (Wothon | Ti Comba (MC) HON | |
| | | 1xea | - Charlott Sime | 23. SIGNATURE C. W. THOMPSO | M, Lt.Comdr. (MC) USN | |
| 19 5-2 | 5 19 46 | Mary | Charlotte Smith | Address USNH Bethesda, Md. | 545-16 | |
| (Date rec'd by | registrar) | | Registrar | Address UDIVII De LIEBUA | Date signed | |

Registrar | Address USNH Bethesda, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

JUN 4 1946 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

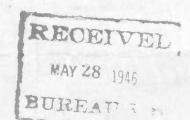
04957

| CERTIFICAT | E OF DEATH Rog. Diat. No. 2/6 |
|--|---|
| 1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County (If outside city or town limits, write RURAL endryive hearest town) Street No. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME GEORGE ERNEST | THAMILTON 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced | MEDICAL CERTIFICATION 20. BATE OF DEATH. MEDICAL CERTIFICATION 19.46 et 8.46 p. 1 |
| 6.(b) Name of husband or wife ours at Mercele I terms 6.(c) If alive, give age 7.3 years 7. Birth date of 7.5 - 1 8.5 4 | and that I last saw harmalive on May 24 19.46 |
| deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 2 | Immediate cause of death DURATION 12 has |
| 9. Birthplace. La Clay M. Cha. Co. 10. Usual occupation. Lawy ex Patries | Due to Commence arting & Cleaning 3 7 1914 |
| 11. Industry or business 12. Name SOHN HAMILTON 13. Birthplace PRINCE HEORGE G, MJ | Other conditions Scility |
| 14. Maiden name MARY EMILY HAWKING 15. Birthplacen CHARLES G. MD. | (Include pregnancy within 3 months of death) Major findings of operations |
| 16. Informant Set. & Hamilton (2) Address 2330 - William (2) | Autopsy results |
| Burial cremation, or removal. Which? Cematery or crematory. Date thereof. 5-27-44. (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Location Wash DC 18. Funeral director Po Garwlers Fans | Injured at home, farm, industry, public place (where?) |
| Address 1756 - Pa. One hu 19. 5/25 19.46 7m & Jolies (Dato rec'd by registrar) Registrar | 23. SIGNATURE Telecomo Como Como Date signed 5/24/46 |
| | |

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The 9.45-15M VS A15

PLEASE

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

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| | 20 | | | |
|-----|------|----|-----|--|
| 200 | Dist | No | 217 | |

| | 2411 N. Charle | s St., Baltimore 100 | 0.4958 | 8 |
|---|-------------------------------------|---|---------------------------------------|-------------------------|
| | CERTIFICAT | E OF DEATH | Reg. Dist. No. | 217 |
| City or town. Olivey | and give nearest town) | 2. USUAL RESIDENCE (HO (For newborn infants give res State. MANY 19.04 A City or town | | / |
| 1 1 1 1 | dans: | Street No(If r 2.(a) If veteran, name war | eural, give LOCATION) | |
| 3.(a) FULL NAME William Pres | ton Hav | aitt | 3. (b) Social Secur | ity Number |
| 4. Sex 5. Color or race 5.(a)Single, married | | | CAL CERTIFICATION | |
| Male white Maur | red. | 20, DATE OF DEATH May | 25 19.54 | 6 . 5:50 AM |
| 6.(b) Name of husband or wife The Ima 740 | e, give age 38 years | 21. I CERTIFY that death occurred on t | he date above stated; that I attended | deceased from |
| 38 4 1 | ess than one day hrs. min. | Immediate cause of death. Oncurrence Due to LAM Proc | i moningitos | DURATION 5 Logs |
| 9. 8irthplace// 4.0130(Town, county, and state) 1D. Usual occupation | | Due to | | |
| 11. Industry or business 12. Name Vector Hargitt 13. Birthplace Dearborne, 2 | | Other conditions | | |
| MI /- 1 11 | hee. | (Include pregnancy | within 3 months of death) | |
| \$ 15. Birthplace Fairland Vier | vv, Indiana | | Date of op | |
| 16. Informant Hospital record | 5 | Autopsy results | ause to which death should be char | ged statistically. |
| Address 17. [347.4] (Burial, cremation, or genoval, Which?) Date thereof | 0 / 26 - 46 (month) (day) (year) | | Date of | |
| Cemetery or crematory TRETINO Location Tochiamapolis | | Where did injury occur?(City Injured at home, farm, industry, publi | er town) (County) c place (where?) | (State) |
| 18. Funeral director. YY 1/1/0 777. [3 | Hilton | Meons of Injury | injured at work? | |
| Address 3 0 Y 77 & SV 19. 5 - 25 - 19 4 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | e Ma udib Law Registrar | Address Sandy | Springind Date ste | D. or uther ned 5/25/46 |

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JUN 10 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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2/3-

| CERTIFICA | TE OF DEATH Reg. Dist. No. |
|---|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town limits, write RURAL and give nearest town) Street Ro. (If our ide city of town limits, write RURAL and give nearest town) |
| How long in hospital or institution? | 2.(a) It veteran, name war |
| Margret Ford Harrell. | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 5.(a) Single, married, yldowed, or divorced | MEDICAL CERTIFICATION 20 DATE DE DEATH MALL 30 1944 21 / 50 D |
| temal Trunk Singer | The state of the s |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I sttended deceased from |
| 7. Birth date of deceased (mo., day, yr. SOAT 12 . 855 | and that I last saw h. eq. alive on |
| 8. AGE: Years Mont's Days If less than one day | acute Congesting myo- |
| 9. Birthplace St. Clark, county, and at the | Due to Couly decay: |
| 10. Usual occupation. | Due to |
| 12. Name Devel 13. Birthplace Season | Other conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name. Christiana Pourse du 15. Birthplace Sestlana. | Major findings of operations. |
| ≥ 15. Birthplace | Date of op. |
| 16. Informant | Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Date thereof — — — — — — — — — — — — — — — — — — — | 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide |
| (Burial, cremation or removal, Which?) (menth) (day) (year) | Accident, suicide, or homicide |
| Location Boustons Noslin Co Md) | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director Win 4 Bout vosow | Means of Injury Injured at work? |
| Address Boonstors. Washin Go Ma: | 23. SIGNATURE WHEN TOURS P. M. D. |
| 19. 5/30/46 - Deplace D. Postlore. Registrar | Address TANTANIAN P. D. Land S. R. 30/4/ |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS ATE



2411 N. Charles St., Baltimore

04960

| CERTIFICAT | TE OF DEATH Reg. Dist. No. 216 |
|---|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants/give residence of mother) State County Manual County City or town (11 outside city or town familia, write-RURAL and give nearest town) Street No. (11 rural, give LOCATION) 2.(a) 11 veteran, name war |
| | 7 THAWA 4 |
| 4. Sex 5. Cofor or race 6.(a) Single, married, widowed, or divorced Wilowed | MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE |
| 8.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the rate above stated; that I attended deceased from 19. 40 19 |
| 14. Maiden name. Marquit Costello 15. 81; theplace 16. Informant. Mr. Fredrich B. Kelein Address 5 9 - St. Paul 57 Kentsupptor | (Include pregnancy within 3 months of denth) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17. (Burial, cremation, or removal, Which?) Date thereof. May 12-1846 (month) (day) (year) Cemetery or crematory. Location. 18. Funeral director. W. W. Chambus Co Address Washryton MC. | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| 19 5/12 1046 7pm 6 Jobes | M. D. or other |

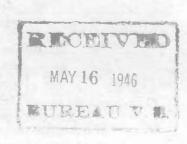
Address.

I gistrar

MARGIN RESERVED FOR BINDING

VS A15

5/12 (Date rec'd by registrar)



2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

14361212 Reg. Dist. No. 212

| T. Birth date of decased (mo. day, yr.) | | Reg. Dist. No | | |
|--|--|--|--|--|
| 4. Sex S. Golor or race S. (3) Single, married, without of dispersed MEDICAL CERTIFICATION 8. (6) Name of hurband or wire T. Q. Q. T. C. K. P. H. A. Y. S. 7. Birth date of deceased (me., day, yr.) OC f. 21 - 18 5 4 8. AGE: fears Months Days It less than one day 9. Birthplace C. | County | (For newborn infants give residence of mother) State County County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) | | |
| 4. Set S. Golde or race S. (3) Single, married, widowed, ordinversed MEDICAL CERTIFICATION 8. (6) Hame of hurband or wife T. Q. Q. T. C. M. P. H. A. Y. S. 7. Birth date of deceased (me., day, yr.) OC f. 21 - 18 5 4 8. AGE: fears Months Days It less than one day 9. Birthplace Consulton T. Q. M. Antopy results and state? 10. Usual occupation T. Q. M. S. A. G. Single name T. Q. Y. S. S. G. Single name T. Q. Y. S. S. G. Single name T. Q. Y. S. S. G. Single name T. Q. Y. S. Single | 3. (a) FULL NAME | 3. (b) Social Security Number | | |
| 6.(c) Name of husband or wife | | | | |
| 6.(b) Name of husband or wife | 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| 6.(b) Name of husband or wife | F W Widowed | 20, DATE OF DEATH THAT 2 -d- 19 46 at 200 A.M. | | |
| T. Birth date of deceased (mo., day, yr.) | | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/20 - 19.42 to May 2 - 19.46 | | |
| deceased (mo., day, yr.) OCT 37-83 8. AGE: Years Months Days It less than one day 9. Birthplace (Town) country, and state? 10. Usual occupation. 11. Industry or business 12. Name. (Town) country, and state? 13. Birthplace (Incitide pregnancy within 8 months of death) Major findings of speratinas. Dust to Major findings of speratinas. Date of op. Antopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Major findings of speratinas. Major findings of speratinas. Date of op. Antopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tt death was due to external causes, till in the following: Actident, subcide, or homicide. Date of Where did injury occur? (City or town) (Country) (State) injured at home, farm, industry, public place (where?) Manns of injury injured at work? 23. SISMATURE. M. D. or other | | and that I last saw have alive on may 1 st - 19 4 6 | | |
| S. Birthplace. 10. Usual occupation. 11. Industry or business 12. Name. 12. Name. 13. Birthplace 14. Malden name. 17. 9. The post of the programme | deceased (mo., day, yr.) Oct 21-1834 | V | | |
| Due to | 2. / | artino selevosio 10 yro- | | |
| 12. Name | 10. Usual occupation House wite | | | |
| 14. Maiden name 17.87 20.00 14. Major findings of negations 15. Birthplace 15. Birthplace 16. Informant 17.8 17. 18. 17. 18. 17. 18. 17. 18. | | | | |
| Address Barres ville Mans of injury Address Barres ville Mans of injury PHYSICIAN: Please nuderline the cause to which death should be charged statuteday. 22. VIOLENCE: ti death was due to external causes, till in the toilowing; Accident, suicide, or homicide | 14. Maiden name mary Dade 15. Birthplace Va. | Major findings of aperations. | | |
| 17. Burial, cremation, or removat. Which?) Cemetery or crematory. Morocacy Location Beding Manager at Manage | | Antopsy results | | |
| Cemetery or crematory MOTOCACY Location Bed/5 xille M9 Injured at home, farm, Industry, public place (where?) Means of injury Means of injury M. D. or other | O Mill Bull | | | |
| 18. Funeral director. W. illieu B. H. Lace Means of tnjury tnjured at work? Address Barres ville, M. D. or other 23. SIGNATURE Byrn D. White M. D. or other | Cemetery or crematory Morrocacy Bankley | | | |
| Address Barresville, ma. 23. SIGNATURE Byrn D. White M. D. or other | 11 '00. 1 3 12 0000 | " | | |
| 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. | 19. May 3 19 46 Mis. C.C. Hilton | Rando soulle had M. D. or other | | |

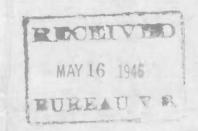
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

VS A15

correct age



MARYLAND STATE DEPARTMENT OF HEALTH 64362 2411 N. Charles St., Baltimore 30 de CERTIFICATE OF DEATH Reg. Dist. No. 216 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Montgomery Rethesda (rural) (If outside city or town limits, write RURAL and give nearest town) Washington D.C. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 9 Days Hospital Institution, or street address where death occurred: 1140 22nd St. N.W. U.S. Naval Hospital, Bethesda, Md. (If rural, give LOCATION) How long in hospital or institution?....9. Days 3. (b) Social Security Number Samuel HENRY V.B.P. Sevear 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 5. Color or race married 20, DATE OF DEATH 4 May 19 46 at 8:25 DM negro 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from B.(b) Name of husband or wife Mrs. Rose Henry 25 April 19 46 10 4 May 1916 B.(c) If alive, give ageyears and that I last saw h im alive on 1 May 19 16 December 12 ,1899 Immediate cause of death..... DURATION Days If less than one day Cirrhosis, Liver atrophic 22 Syphilis, Tertiary, aortitis with aortic regurgitation TENNESSEE (Town, county, and state) Bronchopneumonia 19. Usual occupation nessentler Malnutrition, extensive 12 Name Lizzie Jones 13. Birthplace Georgia (Include pregnancy within 3 months of death) Andy Henry Major findings of operations..... \$ 15. Birthplace Deoraca Confirmed above with 1010 bwing addi 16. Informant Mrs. Rose Henry PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 1140 22nd St. NW Washington 22. VIOLENCE: It death was due to external causes, fill in the tollowing: Date thereof 5-9-46 17. burial (Burial cremation or removal, Which?) (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur?(City or town) Cemetery or crematory Arlington, National Location Arlington, Virginia tniured at home, farm, Industry, public place (where?) Injured at work? Means of Injury 18. Funeral director Ernest W. Jarvis Address 1432 U St. N.W. Wash. D.C. J. B. SHULER, Comdr. (MC) USN lotte Smith USNH Bethesda, Md.

1. PLACE OF DEATH:

3. (a) FULL NAME

male

deceased (mo., day, yr.)

11. Industry or business

14. Maiden name...

Years

46

4. Sex

8. AGE:

ormation carefully. The death clearly and legibly

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| Reg. Dist. | No. 24 | 2 |

| 2411 N. C | Charles St., Baltimore 990 |
|--|--|
| CERTIFIC | CATE OF DEATH Rog. Dist. No. 242 |
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| County MONT GOMERY | |
| City or town To KD m cof Your K md. (If outside city or town limits, write RURAL and give nearest town) | State Maryland County |
| | City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) |
| How long in above place of death? | ACOD Mail July July |
| Washington Sonitarium and Hospita | Street No |
| How long in hospital or institution? 3.d.ca.y.S. | |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Mrs. Elizabeth Horner | |
| 4. Sez 5. Coldr or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Fe Cauc Widowed | 20, DATE OF DEATH May 13 1946, at 6:12 |
| 1 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 6.(6) Name of husband or wife | May 10 1946 10 May 13 18 |
| 7. Sirth date of | years and that I last saw h Malire on Many 12. |
| deceased (mo., day, yr.) Sept. 13 1881 | Immediate cause of death |
| 8. AGE: Years Months Bays If less than one day | Coronary Celusion Tem |
| 64 8 0hrs. | |
| Baitimere md | mi atheroselerosis 4e |
| (Town, county, and atate) | 7 |
| 10. Usual occupation House wife | Due to |
| tt. Industry or business | A. A |
| | Dither conditions Juliuous Sufacts |
| 12 Name Peter Paul Mehr 13. Birthplace Switzerland | |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden name | Major findings of operations. |
| | Date of on |
| 16. Informant Records - Washing ton Son. V Ho. | Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address | |
| Parin 1 May 16./9 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremation, or removal. Which?) (month) (day) (year | |
| Cemetery or crematory. Loudon Park Cem. | Where did injury occur? |
| Location Baltimore, Miss | injured at home, farm, industry, public place (where?) |
| 11 0 - 1 0 1 | Means of injury injured at work? |
| t8. Funeral director Military Comments of Comments of the Comm | (a) () () () () () () |
| Address Mo. 4 Pa. aues, Baft. Mid. | 23. SIGNATURE/ Copert after Miss |
| 114 . 46 Calengal | D. L. W. J. or other |
| (Date rec'd by registrar) Reg | ristrar Address . a Coma Park Md. Date signed 3/1. |

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

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| , (450 H | 1 | 1. | - | 0 | ~ | - |
|-----------|---|----|---|---|---|---|
|-----------|---|----|---|---|---|---|

| | | | OBITITION. | IL OI BLAIII | Reg. Dist. No | a |
|--|--------------------------------|-----------|--|--|--|---|
| 1. PLACE OF DEA | ont gome r | у | | 2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of | | |
| City or town. Westgate (If outside city or town limits, write RURAL and give nearest town) 2 years Nospital, institution, or street address where death occurred: | | | ars | State Maryland County Montgomery Westgate (If outside city or town limits, write RURAL and give nearest town) Street No. 202 Baltimore Avenue | | |
| | ****************************** | | | (If rural, give | LOCATION) | *************************************** |
| Now long in hospital or | | •••••••• | *************************************** | 2.(a) If veteran, name war | 10 000 000 000 000 000 000 000 000 000 | |
| 3. (a) FULL NAME | | ATHRY | N WING HOUK | 3. (b) Social Security Number 281-10-4069 | | |
| 4. Sex | 5. Color or race | 6.(a)Sing | le, married, widowed, or divorced | MEDICAL CI | ERTIFICATION | |
| FEMALE | WHITE | | DIVORCED | 20. DATE OF DEATH May 29 | 19.54.6 | 21//ine P M |
| B.(b) Name of husband | or wife | ***** | 0×00°°°10°00°00°00°00°00°00°00°00°00°00°00 | 21. I CESTIFY that death occurred on the date abo | ive stated; that I attended dece | esed from |
| | | | c) If alive, give ageyears | s and that Viart saw hallye on | , to | 19 |
| 7. Birth date of deceased (mo., day, yr | | | | and that Viast saw halive on | · case | |
| 8. AGE: Years | Months | Days | If less than one day | Immediate cause of desth | >>0000································ | DURATION |
| 67 | 1 | 1 | hrsmin. | Para | | de |
| 9. BirthplaceZ.a. | | | O. state) | Due to | | studding of |
| | | - | aper service | Due to | 44 | |
| 11. Industry or business | Newspa | per | | | ••••• | |
| 12. NameI.S. | ac Wing Oh | io | •••••••••••• | Other conditions | | |
| 14. Malden name. Elizabeth (Unknown) 15. Birthplace Ohio | | | nknown) | (Include pregnancy within 8 months of death) Major findings ol operations | | |
| 15. Birthplace | Oh | 10 | | | Date of op | *************************************** |
| 18. Informant Mr.S. | W. H. | Mylan | der | Antopsy results | | |
| Address 202 | Baltimor | e Ave | Westgate .Md. | PHYSICIAN: Please underline the cause to wh | nich death should be charged | statistically. |
| 17Shi pm (Burial, cremation, | | | enf May 30, 1946 (month) (day) (year) | 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide | | ***************************** |
| Gemetery or cremator | , Oak D | ale C | emetery | Where did injury occur?(City or town) | (County) | (State) |
| Location Urb | ana Ohji | Ω | | Injured el home, farm, industry, public place (wi | | |
| 18. Funeral director. | 110 8 | | Tueschrees | Means of Injury | injured at work? | |
| | hesda, M | | nd / | 2.12 | , , , , | 1 |
| | | | ym E Jobes | 23. SIGNATURE . A PROPERTY OF | what M. | or other |
| 19. (Date ree'd by registrar) (Date ree'd by registrar) Registrar | | | Registrar | Address. Address. | Carry | 5-30-54 |

UNFADING INK. Supply every item of information carefully. The cotant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNF is especially important.

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JUN 10 1946

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (IHOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and (If outside city or town limits, write RURAL and give usarest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: Street No. (If rural, give LOCATION) 2.(a) It veteran, name war..... How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race MEDICAL CERTIFICATION item of i MARGIN RESERVED FOR BINDING 3 19 X 6 at hockerson 20. DATE OF DEATH ... 21. I CERTIFY that death occurred on the date above stated: that t attended deceased from 6.(b) Name of husband or wite Supply eve 7. Birth date of deceased (mo., day, yr.) DURATION Immediate cause of death If less than one day 8. AGE: ADING INK. Physicians: pl 10. Usual occupation... 11. Industry or husiness important. (Include pregnancy within 3 months of death) Major findings of operations..... especially PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VtOLENCE: If death was due to external causes, till in the tollowing; (month) (day) (year) Where did injury occur?(City or town) WRITE (County) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury 18. Funeral director Date signed S-S-SC (Date rec'd by/registrar)



(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For powborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number

MEDICAL CERTIFICATION 21. I CERHFY that death occurred on the dale above stated: that lattended deceased from DUBATION 8 hours

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

injured at home, farm, industry, public place (where?)

injured at work?



Reg. Dist. No. 2

| 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
|--|--|
| tate County | |
| Oity or town. (If outside city or town limits, write RURAL and give no street No. 4832 - Chevy Chase Blvd | earest town) |
| (If rural, give LOCATION) | |
| 2.(a) If veleran, name war | y Number |
| | |
| MEDICAL CERTIFICATION | |
| 20. DATE OF DEATH. Hay 5 19.46 | 5:300 |
| 21. I CERTIFY that death occurred on the date above stated: that I attended de | ceased from |
| mmediate cause of death monkoys. Internal Tree monkoys. Oue to Gort Chressyew | DURATION |
| loe to. | |
| Hher conditions. | ••••• |
| (Include pregnancy within 2 mouths of death) | |
| Major findings of operations | |
| Autopsy results | ed statistically. |
| 22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide | 00.000 000 000 000 000 000 000 000 000 |
| Where did injury occur? | |
| injured at home, farm, industry, public place (where?) | |

MENO HILLER MAY 10 1946 FIRE VE

2411 N. Charles St., Baltimore (832)

04968

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town) Sireet No. 508 Ashford Road (If rural, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number none MEDICAL CERTIFICATION |
|--|--|
| female white divorced | 20. DATE OF DEATH May 16 1846 21/2/00 16 |
| 6.(b) Name of husband or wife Charles L. 7. Birth date of deceased (mo., day, yr.) Jan. 5th. 1876 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.5 to May 16 19.4.5 and that I last saw h. 21 21/10 on May 16 18.4.6 Immediate cause of death DURATION |
| 8. AGE: Years Months Days If less than one day | Gerelial Honorchay I 6 moulles |
| 9. 8irihpiaceFlorence, Mass (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business 12. Hame William Vanskyle 13. Birthplace unknown | Oue to |
| 14. Malden name Mary Klager 15. Birthplace Germany | Major findisgs of operations |
| 16. Informant Mrs. L. James Falck Address 508 Ashford Rd. Silver Spring. 17. Burial Bale thereof 5-18-1946 (month) (day) (year) Cemetery of Rock Creek Location Washington. D. D. | Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Address Silver Spring, Md 19. Coaplaine Coaplaine Belieffe (Date reed by registrar) | 23. SIGNATURE A BOLLAND M. D. or other Address 243 Bouland S Date signed May 6. |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING VS A15

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MAY 22 1946
BUREAU V.S.

rrect age

PLEASE WRITH PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462



04969

| 生 | J | U | 17 | | |
|---|---|---|----|--|-----|
| | | | | | - 4 |

| CERTIFICATE | OF | DEATH |
|-------------|----|-------|
|-------------|----|-------|

| | Keg. Diat. No. | | |
|--|--|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland county Montgomery City or town. Silver Spring (If outside city or town limits, write RURAL and give nearest town) Street No. 110 Sunnyside Road | | |
| Suburban Hospital How long in haspital or institution? | Street No. 110 Suffilly SIGE ROBO (If rural, give LOCATION) 2.(a) It veteran, name war. | | |
| 3.(a) FULL NAME STELLA M. KLINE | 3. (b) Social Security Number | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married | MEDICAL CERTIFICATION 9:30 A 20. DATE DF DEATH May 14 1046 at 9:00 A | | |
| 6.(b) Name of husband XXXX Ernest A. Kline 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) Jan. 4, 1878 | 21. I OURTIFY that death occurred on the date above stated; that I attended deceased from 19.4.2., to 20.1.4.1.1.1.1.4.4.1.1.1.4.4.1.1.1.1.1.1. | | |
| 8. AGE: Years Months Days If less than one day | mediate care of della State Carino | | |
| 9. Birthplace Easton, Pa. (Town, county, and state) 10. Usual occupation Housewife | Due to Carcinopad Sull Blodde 5 | | |
| 11. Industry or business OWn Home 12. Name. Alford M. Meyers 13. Birihpiace Pennsylvania | Other conditions | | |
| 14. Maiden name Elizabeth Fern 15. Birthplace Pennsylvania | (Include pregnancy within 8 months of death) Major findings of operations Carcinogue of Yould Studden with Melfate of the second of the seco | | |
| Address 110 Sunnyside Rd., Silver Spring | Aatopsy results | | |
| 17 Burial (Burial, cremation, or removat, Which?) Cemetery or crematory. Cedar Hill Cemetery | Accident, suicide, or homicide | | |
| Location Suitland, Pr. Geo. Co., Md. 18. Funeral director Waxner C. Pumparer | Injured at home, farm, industry, public place (where?) Means of injury Injured at work? | | |
| Address Silver Spring, Md. 19. 5/14 19.46 7m E John Stegistrar 19. (Date ree'd by registrar) Registrar | 23. SIGNATURE AND STATE OF STA | | |

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MAY 22 1946

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JUN 10 1946
BUREAU VE

correct age

- MARGIN RESERVED FOR BINDING

PLEASE

VS A15

2411 N. Charfes St., Baftimore 93-0

04971

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|---|--|--|--|
| County Montgomery | | | |
| City or town Capitol View Silver Spring (If outside city or town limits, write RURAL and give nearest town) | State Maryland County Montgomery | | |
| How long in above place of death? | City or town Capitol View (Silver Spring (If outside city or town limits, write RURAL and give nearest town) | | |
| How long in above place of death? | Street No. Warner Avenue | | |
| Warner Avenue | Street No | | |
| How long in hospital or institution? | 20 | | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | | |
| ELIZABETH J. KNUPFER | none | | |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| femele white widowed | | | |
| Temera witte | 20. DATE OF DEATH. 200 20 19.9 6 21 1:2 | | |
| 6.(b) Name of hueband or wife George Christian | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from | | |
| | agril 16 1945, 10 12 pay 20 11 | | |
| 7. Birth date of | and that I last saw h all alive on 22 ay 19 | | |
| deceased (mo., day, yr.) Nov. 11th. 1866 RACE. Years Months Days If less than one day | Immediate cause of death | | |
| o. Age. | Chrome Impocardlis | | |
| 79 6 9min. | | | |
| 9. Birthplace Wisconsin | Due fo | | |
| (Town, county, and state) | | | |
| 10. Usual occupation Retired Housewife | Oue to | | |
| 11. Industry or business | 000 (0 | | |
| | Other conditions Developed arterio | | |
| 12. Name. Natson W. Cook 13. Birthplace Canada | | | |
| | (Include pregnancy within 3 months of death) | | |
| 14. Maiden name. Judith Unknown | Major findings of operations | | |
| 15. 8 orthplace Wisconsin | Date of op. | | |
| 18 Informant Mrs. Charles E. Sando | Antopsy results. | | |
| | PHYSICIAN: Pfease underline the cause to which death should be charged statistically | | |
| Address 6205 - 14th. St. N. W. Wash DC | 22. VIOLENCE: If death was due to external causes, fill in the following: | | |
| 17. Burial (Burial, cremation, or removal, Which?) Burial (month) (day) (year) | Accident, suicide, or homicide | | |
| | | | |
| Cemetery or crematory Glenwood | Where did injury occur? | | |
| Location Washington, D. C. | Injured at home, farm, Industry, public place (where?) | | |
| 10 18 D block | Meane of Injury Injured at work? | | |
| 16. Tuncial uncolor | | | |
| Address Silver Spring, Md. | Marie Bandiland W | | |
| Muutos Office of the Manager of the | 23. SIGNATURE LILLURGE CONTROL OF THE CONTROL OF TH | | |



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No. ..

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|---|---|--|--|
| county mont gomery | | | |
| City or town Tall Units (If outside city or town limits, write RURAL and give nearest town) | State D. C . County | | |
| (If outside city or town limits, write RURAL and give nearest town) | City or town (if outside city or fown limits, write RURAL and give nearest town) | | |
| How long in above place of death? 2 415. 11 mo. 12 da. 455 | | | |
| Hospitat, Institution, or street aggress more death occurred: | Street No. 1350 Jonguil 57. | | |
| washing ton Sonitarium and Hospital | (If rural, give LOCATION) | | |
| How long in hospital or institution? 2 yrs. 11 mo. 12 days. | 2.(a) It veleran, name war | | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | | |
| Daniel C. Leahy | | | |
| 4. Sex 5. Color or race 8.(a) lingle, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| male Cane widowed | 20. DATE OF DEATH May 12 19.46 at 6:00 4 M | | |
| mare rade rate twice | | | |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | | |
| | May 1943 to May 12 1946. | | |
| 7. Birth date of | and that I last saw have alive on Many | | |
| deceased (mo., day, yr.) DC+- 12 1854 | Immediate cause of death DURATION | | |
| 8. AGE: Years Months Days It less than one day | Typostalie Premonea Teminal | | |
| 89 7 1hrsmin. | | | |
| | | | |
| 9. Birthplace | Due to | | |
| | | | |
| 10. Usual occupation Retired physics | Due to | | |
| 11. Industry or business | | | |
| E 12. Rame Usake | Other conditions Arterios Clerosis Years. | | |
| | | | |
| 13. Birthplace | (Iuclude pregnancy withlu 3 months of death) | | |
| 14. Maiden name. Unks 15. Birthplace | Major Endings of operations. | | |
| S Is Birthalasa | | | |
| | Bate of og. | | |
| 16. Informant Recards - washing ton Son. & Hosp. | Autopsy results | | |
| Address | | | |
| | 22. VIOLENCE: It death was due to external causes, fill in the tollowing; | | |
| (Burial, cremation, or regroval, Which) Bate thereot D. (May 1/4, 1946) (Burial, cremation, or regroval, Which) | Accident, sutcide, or homicide | | |
| Frank (a | Where did injury occur? | | |
| | | | |
| Location Kock Creek Church Kd. 77.76. | Injured at home, tarm, Industry, public place (where?) | | |
| The Althing co | Means of Injury Injured at work? | | |
| 18. Fuoerat director | (h) 1-1-1/1/1/1/1 | | |
| Address 2901-14 st, to, w) a slight try De. | - Coper Chare Mh. | | |
| Marine 16 Hom ADDAM | 23. SIGNATURE M. D. or other / // | | |
| 19/10/4/2 19/16 / // Registrar | Address / akowa Park Md. Bale signed 5/14/46 | | |

THE PARTY OF THE P



2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

04973

| 1. PLACE OF DEATH: 1 | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbogn infants give residence of mother) |
|---|---|
| County | Tud Marelanning |
| City or town | State County County |
| How long in above place of death? | City or town (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, institution, or street address where death occurred: | Street No. 200 [Kamperlin ave |
| | (If rural, give LOCATION) |
| How tong In hospital or Institution? | 2.(a) tt vateran, name war |
| 3. (a) FULL NAME Charles Pennington t | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowyd, or diversed | MEDICAL CERTIFICATION |
| Male White Madowed | 20. DATE OF DEATH MAY 16. 19.46 at 2:30 7.1 |
| Makel Lukens | 21. I CERTIFY that death occurred on the date above stated; that I atlended daceased from |
| 8.(6) Name of husband or wife | 5-23 1943 105-16 1946 |
| 7. Birth date of 7. 17 1 2 17 18 18 18 18 18 18 18 18 18 18 18 18 18 | and that I last saw have allye on _5 - 15 |
| deceased (mo., day, yr.) | Immediate cause of death DURATION |
| 8. AGE: Years Months Days It less than one day | Sormany Heart Deserse 18 mos |
| Pa | antini ochumi 30. + |
| 9. Birthplace (Town, gounty, and state) | Due to 29 |
| 10. Usual occupation Retired | |
| | Due to |
| 11. Industry or business Manshall Lukens | |
| 12. Name / Mashall Juffers 13. Birthplace Pa | Dther conditions |
| | (Include pregnancy within 8 months of death) |
| 14. Maiden name Martha M-Clemaghan 15. Birthplace Pa | Major findings of operations |
| 15. Birthplace | |
| 18 Informant Charles P. Lupens Ir. | Antoney results |
| and Plantelle De Rettelle Mis | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address (1) famfolin for funda for | 22. VIOLENCE: If death was due to external causes, till in the following: |
| (Burial, cremation, or removal, Which?) Date thereof. MAY (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory PRESBYTERIAN CHORCH CEME | Where did injury occur? |
| ATGIEN PENNA | Injured at home, tarm, industry, public place (where?) |
| Location A Control of | Meens of Injury Injured at work? |
| 18. Funeral director. | |
| Address / 7.5 6 Pa, ave, M. M. Hark. D. C. | 23. SIGNATURE \$30 P. Ahrffman |
| 5/17 .46 Jm & John | M, D, or other |
| (Date rec'd by registrar) Registrar | Address / Aug of such Whit & Date signed 5 - 18 |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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MAY 22 1946

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

CERTIFICATE OF DEATH

Reg. Dist. No. 2//

| | *************************************** | | |
|---|--|--|--|
| 1. PLACE OF DEATH Montgome Co. | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
| out it | State Market County Montgary | | |
| (If outside city or town limits, write RURAL and give nearest town) | | | |
| How long in above place of death? | City or town (If outside city or town limits, write RURAL and give nearest town) | | |
| Hospital, Institution, or street address where death occurred: | Street No. | | |
| | (If rural, give LOCATION) | | |
| How long In hospital or Institution? | 2.(a) If veteran, name war | | |
| 3. (a) FULL NAME McClubs | 3. (b) Social Security Number | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Male white married | 20. DATE OF DEATH May 4 19 46 at M | | |
| 6,(b) Name of husband or wife Jannie O. M.C. Church | 21. I CERTIFY that death opcurred on the date above stated; that I attended deceased from | | |
| | s and Ahat I last saw h. I.M. alive on MANA 19. | | |
| T. Birth date of deceased (mo., day, yr.) Oct 231-5-3-2 1850 | | | |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION Orderios Clerking Curdinos Sendan designs 75 years | | |
| 95 6 //hrsmin. | | | |
| millaill N. J V. | Due to Scribty 3ylars. | | |
| 9. Birthplace (Town, county and state) | Due 10. Sec. Of Sec. O | | |
| 10. Usual occupation that I deliver | Due to. | | |
| 11. Industry or business lass | 540 (0 | | |
| 12 Name Laws mc Clue | Other conditions | | |
| 12 Name Chue | | | |
| | (Include pregnancy within 3 months of death) | | |
| 14. Maiden name Carollelle 15. Birthplace Oreland | Major findings of operations. | | |
| E 15. Birthplace (Julian) | | | |
| 16. Informan Ma Vannie a MCCan | Autopsy results | | |
| Address monroxia my | | | |
| 11 Privail Date thereof 2729 6-1746 | 22. VIOLENCE: If death was due to external causes, fill in the tollowing; | | |
| (Burial, cremation, or removal, Which?) | Accident, suicide, or homicide | | |
| Cemetery or exematory would relieve | Where did injury occur? | | |
| Location Pusalin Ind | Injured at home, tarm, industry, public place (where?) | | |
| 18. Funeral directed tary of Barbar | Meens of injury Injured at work? | | |
| Address Systemsville met | 23. SIGNATURE June D. Kerr M. N. | | |
| 19. Mars C. (Joby registrar) 19 4 L Wella W. Durdtt. Registrar | M. D. or other | | |



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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|-------|------|
| 27-01 | |
| | Bfal |

14975

CERTIFICATE OF DEATH

| | | | | 11 |
|----|-------|-----|---|-----|
| g. | Dist. | No. | 3 | 1.6 |

| 1. PLACE OF DE | | taomer | ·y | 2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of | F DECEASED: | |
|-------------------------|------------------------|------------------|--|---|---|--|
| | | | LS C RURAL and give nearest town) | state Maryland county Montgomery | | |
| | | | RURAL and give nearest town) | Chevy Chase (If outside city or town limits, write RURAL and give nearest town) | | |
| | r street address where | | | Street No. 6706 Mead | ow Lane | |
| Now long in bosnital o | v Institution? | | *************************************** | (If rural, give 2.(a) If veteran, name war | | |
| 3. (a) FULL NAM | | | *************************************** | Actor) is reteral, seine was | 3. (b) Social Security Number | |
| | |) TI DI | TO COMM M. TANDE A | 217 | 5. (0) Social Security Number | |
| 4. Sex | 5. Color or race | 6.(a)Singi | RESCOTT MCFARLA e, married, widowed, or divorced | ND MEDICAL CI | ERTIFICATION | |
| Female | White | | Married | | 1946 at 11:P.1 | |
| | T. | ohn C | McFarland | 21. I CERTIFY that death occurred on the date abo | | |
| | | | | | LL 10 may 2/ 19 4 | |
| 7. Birth date of | | 8.(| c) If alive, give ageyears | and that I last saw h. e alive on | 3 / | |
| deceased (mo., day, | | ober 3 | | Immediate cause of death. | DURATION DURATION | |
| 8. AGE: Year | | Days | If less than one day | Unal fai | land to | |
| 48 | 1 6 | 121 | | | | |
| 0. Birthplace | /To | construction and | Co. Carolina | Due to Mellyna | | |
| | | | in the second se | Lyperdense | | |
| 177 | | 2500 (17) | | Due to | | |
| 11. Industry or bosines | | a home | | | *************************************** | |
| - | Louis | | escott | Other conditions | | |
| | | | o. Carolina | (Include pregnancy within 3 n | nonths of death) | |
| 14. Maiden name. | Mattie | Craf | ton | Major findings of operations | | |
| 15. Birthplace | | Sc | o. Carolina | | | |
| 18. Informant | Mr. John | C Mo | Farland | Autopey results. | 00.4 | |
| | | | Chevy Chase, | PHYSICIAN: Please underline the cause ta wh | rich death should be charged statistically. | |
| B | . 0 | | | 22. VIOLENCE: If death was due to external cau | ses, fill in the following; | |
| (Burial, eremation | , or removal. Which? | Date there | eof May 24 194 Nd. | Accident, suicide, or homicide | Date of | |
| Cemetery or cremate | ry Rock | Ca | elb Cem. | Where did injury occur?(City or town) | (County) (State) | |
| | | | | Injured at home, farm, industry, public place (wh | | |
| Location | 70 | f 2/ | 7/: | Means of Injury | lojured at work? | |
| 18. Funeral director | The ! | 1. J.V. | Hines Co. | 1./ | ~ | |
| Address 290 | 1-14th St | t., N. | W. Wash., D.C. | 23. SIGNATURE Melleam | Hoy xa | |
| 5/ 5 | 22 1046 | 2 | pm & Dobes | ZJ. SIUNATURE | M. D. or other | |
| (Date rec'd by re | gistrar) | | Deistrar | Address The Maple Red ? | Date algned 5-22-4 | |
| | | | | setherde, | md. | |

THE LAST SO THE WOLLD SEE STATE OF THE SE

CERTIFICATE OF DEATH

RECITIVED
MAY 28 1946

BUREAU V.S.

PATRICIAN STATEMENT STATEMENT

04976 2411 N. Charles St., Baltimore 18-2

| 7 | | ATE OF DEATH | Reg. Dist. No. | 210 |
|---|--|---|--|---|
| | CEICI II 101 | | The second secon | ********* |
| 1. PLACE OF DEATH: | | 2. USUAL RESIDENCE (HOME) (For newborn infants give residence | OF DECEASED: | |
| County Montgomery | | | | |
| City or tewn Bethesda LI (If outside city or town I | nral) mits, write RURAL and give nearest town) | Danhna | | |
| How long in above place of death? In | onths, 10 days | (If outside city or town lim | nits, write RURAL and give nearest | |
| Hespital, institution, or street address where | death accurred: | Street No. Rt. #1, Box 72 | | ••••• |
| How leng in hespital er institulien? | Bethesda, Md. | (1 | | |
| | 2 1101103 20 4419 | 2.(a) ti veteran, eame war | | |
| 3. (a) FULL NAME | MC GILL, Alton (n) | | 3. (b) Social Security Num | ber |
| 4. Sex 5. Gelor er race | 6.(a)Single, married, widewed, or divorced | MEDICAL (| CERTIFICATION | |
| male negro | single | 20. DATE OF DEATH 1 May | 1846 11 | 10 |
| P (h) Name at husband or wife | | 21. I CERTIFY that death eccurred on the date s | above stated; that t attended deceased t | frem |
| O.(V) name of husband of wife | e (a) Malling elica - a | 13 Feb1 | | |
| 7. Birth date of | | and that I tast saw hI.M.alive on | l May | 19 |
| 8. AGE: Years Months | Days If less than ene day | Immedia#: cause of death | | DUR |
| 8. AGE: 100 6 | 10 hrs | Marsive July many | humanhage | |
| | | | | ******* |
| 9. Birthplace Ala. | county, and state) | Due to Jules cu Tosis, ph | elmonery. | • |
| 10. Usual eccupation Navy | | | | |
| | *************************************** | Due te | | ••••• |
| 11. Industry or business 12. Name ? McGiJ | 7 | Other conditions Extrema lunacio | d. | • |
| 12. Name ? McGil | | Other conditions | N/./h.: | |
| | | (Include pregnancy within | 3 months of death) | |
| 14. Maiden name Vashtr Ye | Ling ? | Major fiadings of operations | *************************************** | ****** |
| 2 15. Birthplace ? unknow | | | | |
| 16. Informant Mo: Vashtr Ye | | Autopsy results | *************************************** | |
| Address Rt.#1, Box 72, | | PHYSICIAN: Please underline the cause to | which death should be charged statis | tically |
| removal | 5-1-16 | 22. VIOLENCE: tf death was due te external o | | |
| (Burial, cremation, or removal. Which? | Date thereof 5-1-46 (month) (day) (year) | Accident, suicide, er hemicide | | |
| Cemelery or crematery | | Where did injury occur?(City or town | n) (County) (St | ate) |
| Location | | injured at home, farm, industry, public place | | |
| 18. Funeral director. Thomas Fra | 1 11 | Means et injury | injured at wark? | |
| | | 6/9/4: | ller | |
| Address 309 Rhode Islan | d Avenue N. W. Wash. Mary Charlotte Smith | 23. SIGNATURE D. B. | ILLER, Lt. (MC) U | SN. |
| 19. 5-1 19.46 (Date rec'd by registrar) | Mary Charlotte Smith | He will Dathanda | | |
| (Date rec'd by registrar) | Registr | Address US NH Bethesda, I | Date signed | |

VS A15 9.45.13

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore 542

CERTIFICATE OF DEATH

| - (| 14 | .9 | 7 | 7 | |
|-----|------|-------|-----|---|----|
| Reg | . Di | it. I | Vo. | 2 | 16 |

| | Reg. Diat. No |
|---|--|
| 1. PLACE OF DEATH: County Montgomery City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of doath? 38 days Hospital, institution, or street address where doath occurred: U.S. Naval Hospital, Bethesda, Md. How long in hospital or institution? 38 days 3. (a) FULL NAME Harold Vincent MEAKIN | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State W. Va. County City or town Newell Heights (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) It veteran, name war 3. (b) Social Security Number |
| 4. Sex male 5. Color or race W-US 6.(a) Single, married, widowed, or divorced single | MEDICAL CERTIFICATION 20. DATE OF DEATH |
| 8.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 20 April 19.16 to 28 May 19.16 and that I last saw hl 10 alive on 28 May 19.46 Immediate cause of death 24.46 |
| 9. Birthplace | Due to. Due to. |
| 13. Birthplace England 14. Maiden name Seling Carson (dec) 15. Birthplace England 16. Informant Mrs. Leonard Barlow | Major findings of operations |
| Address Newell Heights, W.Va. 17. Cremation (Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof 5-29-16 (month) (day) (year) | PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide |
| Location Los Angeles, Calif. 18. Funeral director W. W. CHAMBERS F. Addross 1400 Chapin N.W., Georgetoym, D. C. 19. 5-28 (Date ree'd by registrar) 19. 6-28 (Date ree'd by registrar) Registrar | Injured at home, farm, Industry, public place (whore?) Means of Injury Injured at work? 23. SIGNATURE C. S. MacCARTY, Lieut. (MC) USNR M. D. or other S-29-46 Address. USNH Bethesda, Md. Date signed |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

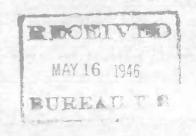
PURFACTS



CERTIFICATE OF DEATH

| Reg. Dist. No. | 212 |
|----------------|--------|
| Reg Dist No | de lac |

| | TE OF DEATH Reg. Dist. No. 2/2 |
|--|---|
| County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State |
| 3. (a) FULL NAME Carrie Thomas Miles | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married with married married. 6.(b) Name of husband or wife Samuel P. Miles | MEDICAL CERTIFICATION 2D. DATE DF DEATH. 2D. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that 1.24ended deceased from |
| 6.(6) Name of husband or wife | 28 May - 5 W |
| 8. AGE: Years Months Days If less than one day 76 3 7 hrshrs. | n. Acuk Emchine 11 das |
| 9. Birthplace Montgomly Co. Ma. (Town, county, and state) 10. Usual occupation house - mye | Due to |
| 11. Industry or business from 12. Name Thomas In & Donough 12. Name Thomas In & Donough 13. Birthplace imknown | Dther conditions pronchictaria - 200 ma |
| 14. Maiden name Rachel Keith 15. Birthplace mnbnonn | (Include pregnancy within 8 months of death) Major findings of operations. Date of op. |
| 16. Informant. Charles William Alles Address 1809 Capital View We. Surveying, Ing | Autopsy results |
| (Burlal, cremation, or removal, Which?) Cemetery or crematory | Accident, suicide, or homicide |
| 18. Funeral director W. En. B. William | Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? |
| 13. May 7 13 46 Mrs. C.C. Wilton (Date ree'd) registrar) | 23. SIGNATURE TILIAM TO. Miller H. D. or other Address Douthersburg A. D. Dafe signed 5/4/4 |



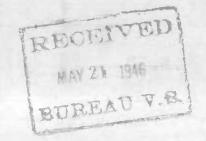
2411 N. Charles St., Baltimore 1246

| 0 | 1 | 0 | 3 | 0 | |
|---|---|---|---|---|--|
| (| 1 | J | 6 | J | |

CERTIFICATE OF DEATH

Reg. Dist. No.

| City or town | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town limits, write RUKAL and give nearest town) Street No. 1423 E CAP LO St., SAE (If rurd, give LOCATION) |
|--|---|
| How long in hospital or institution? 16 kg xs + | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a)Single, married, uldered, or discoved. | MEDICAL CERTIFICATION 20. DATE OF DEATH. 5 — 15 - 46 19.46 at 8 A. M |
| B.(b) Name of two wife Tettie Moore 5.(c) If alive, give age years | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 / 10 / 19 / 15 19 / 16 and that I last saw h A alive on (K.A.A) |
| deceased (mo., day, yr.) Sept., 21, 1889 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION CEREBRAL HEMORRHAGE 19 brs |
| 9. Birthplace Redd's Covney (Town, county, and state) 10. Usual occupation | Due to. HYPERTENSIVE ARTERIO IYR SCLEROTIC CARDIO-VASCULAR DISCASE Due to. |
| 12. Name. A SXANDEY MOORE 13. Birthplace 14. Maiden name. Li Li A VI Aller 15. Birthplace 18. Intermant. Delfando Sub. Josp | (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopay results. PORTAL CIRRADSIS AT CEREBRAL HEMORRARES PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address 11. One of the feet o | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |



MAY 20 1946
BUREAU V.S.

04981

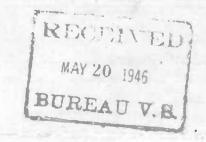
| | Dist | | 2 |
|-----|------|----|-----|
| Dag | Dies | Na | Ca. |

| - | | CERTIFICA | TE OF DEATH Reg. Dist. No. 216 |
|---|---|--|--|
| How long in above pla Hospital, institution, U.S., NAV. How long in hospital 3. (a) FULL NAI | teomery nesda (mir r outside efty or town I uce of death? 4 da or street address where al Hospital or Institution? 4 G | mits, write RURAL and give nearest town) ys. death occurred: , Bethesda, Maryland ays. er Benjamin, Veterans E | 2.(a) tf veteran, name war |
| 4. Sex male | 5. Color or race W—US | 6.(a)Single, married, widowed, or diforced Married | MEDICAL CERTIFICATION 20. DATE OF BEATH 1253 PA |
| 7. Birth date of deceased (mo., day 8. AGE: Yes 51. 9. Birthplace | y, yr.) Februs ars Months 3 (Town and Adolos iess William A | a C. Myers 6.(c) If allve, give age year ry 3, 1895 Days If less than one day 8 hrs. min West Virginia county, and state) Vers West Virginia ield West Virginia | and that I lest saw h im alive on II May 19 46 Immediate cause of death DURATION Due to Due to (Include pregnancy within 3 months of death) Major fudings of operations Date of op. 44 |
| Address RC 17 | oute # 2, F | ranka C. Myers ledgesville, West Va. Late thereof May 13,1946 (month) (day) (year) lale Cemetery nsburg, West Virginia s of JRW N.W. Wash.D.C. Man Charlotte Smith Registre | Injured at home, farm, Industry, public place (where?) Mesons of Injury Injured at work? Injured at work? 22. SIGNATURE E. K. KLOOS, Lt. (jg) USNR M. D. or other Sep 3-16 |

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

rect age

PLEASEIWRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Par Diet No 7/7

04982

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|---|---|
| County Montgo Mery | State Mary land county Montgomory |
| (If our side city or town limits, write RURAL and give nearest town) | |
| | City or town (If outside city or town limits, write RURAL and give nearest town) |
| How long In above place of death? | Street No. R = 2 |
| The Montgomery County General Has | Street No |
| How long in hospital or institution? 3 days. | 2.(a) If veteran, name war |
| | |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Mrs. Sarah h. Niche | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Female white Married | 20. DATE OF DEATH May 30 19.46 at 55240 PA |
| 6.(b) Name of husband or wife John R. Nicholson | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| O.(O) Nemico (modelli o) | May 27 1946 to May 30 1846 |
| 7. Birth date of | and that I last saw he maily on May 30 1946 |
| deceased (mo., day, yr.) August 18,1879 | Immediate cause of death DURATION |
| 8. AGE: Years Month's Days If less than one day | Bitaleral Pyrlo- 3unt |
| 66 9 12hrs. | min. meshites lagerts |
| Achlan Mahaman M Md | ikon heiter 3 dann |
| 9. Birthpiace AShtow (Town, county, and state) | Due to |
| tD. Usual occupation. Housewixe | |
| | Due to |
| 11. Industry or business Home | |
| 12. Name John W. hucas 13. Birthplace Urginia | Other conditions |
| | (Include pregnancy within 8 months of death) |
| 14. Maiden name Alice Ella Johnson: 15. Birthplace Ashton, Maryland. | 6 a To bringen de als - |
| De la Maria | major mainte of operations. |
| | Date of op |
| 16. Informant Hospital record | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address | |
| B. 194 | 22. VIOLENCE: It death was due to external causes, till in the tollowing: |
| (Burial, cremation, or removal, Which?) Date thereot. (month) (day) (year) | |
| Cemetery or crematory Danes Lown End. | Where did injury occur? |
| ounciery of ordinatory mineral and a second | Injured at home, tarm, Industry, public place (where?) |
| Location | Heans of Injury Injured at work? |
| 18. Funeral director | made to injust |
| Address Bullinga md. | MMI |
| 1 A 1h + | 23. SIGNATURE M. D. or other |
| 19 Une / 1946 Dermidies . Ja | with a sim ml |
| (Date rec'd by registrar) Regis | strar Address Daw 0 4 Off 1 M 9 4 1 1 1 Q Date signed |

RECUIVED

JUN 10 1946

BUREAU V B

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correction is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/

64983

CERTIFICATE OF DEATH

216

| 1. PLACE OF DEA | | | | 2. USUAL RESII | DENCE (HOM | E) OF DECEA | SED: | |
|--|----------------------|--|---|--|-------------------------|---|---|---|
| Countylontgomery_ | | | | | | | | |
| City or town | | State DaGa County Washington (If outside city or town limits, write RURAL and give nearest town) | | | | | | |
| How long in above place | of death? die | ed on a | dmission | City or town(If | outside city or town | limits, write RU | JRAL and give near | est town) |
| li Mospital, institution, or | street address where | e death occurre | 0: | Street No. 202 | 2 17th St. | . N. E. | | |
| TEAR SO | Hospital | . Beth | esda, Md. | | (If rural | , give LOCATIO | N) | 1 |
| How long in hospital or | institution? | | | 2.(a) tt veteran, name | e war | | | X |
| 3. (a) FULL NAME | | OS | ER, Anna Mary | | | 3. (b) | Social Security N | lumber |
| 4. Sex | 5. Color or race | 6.(a)Sing | ie, married, widowed, or divorced | | MEDICA | L CERTIFI | CATION | |
| female | W-US | | married | 20, DATE OF DEATH | 18 May | | 19. 116. | at 11:10% |
| 6.(b) Name of husband of | r wife III . | Joseph | Oser | | | | that I attended deceas | |
| 0.(0) Rame of Hassans | | | 'a) 44 alius alus and | | | | 18 May | |
| 7. Birth date of | . 71: | April | c) tt alive, give ageyears | and that I last saw h | OT 2live on | 18 May | • | 19.46 |
| deceased (mo., day, yr | Months | Days | it less than one day | Immediate cause of | death | **************** | | DURATION |
| 8. AGE: Years | 1 | 16 | | | ry Thrombo | | | *************************************** |
| | | 1 | | | ardial in | | | *************************************** |
| 8. Birthplace | ashingtor | D.C. | state) | Due to Arteriosclerosis of | | | | *************************************** |
| | housouri | fo | state) | coro | nary arte | ries | | *************************************** |
| 10. Usual occupation | HOWSENT | | *************************************** | Oue to | | *************************************** | | |
| 11. Industry or business | | | | | ···· | ****************************** | *************************************** | *************************************** |
| 12. Name | F. A. O'E | rien | *************************************** | Other conditions | Diabetes | | | |
| 13. Birthplace | Wash | | | (Inc | clude pregnancy wit | hin 8 months of c | death | |
| # 14. Malden name | ? | | | Major findings of op | | | | |
| W 15. Birthplace | Wash., D. | .C. | | | | | Oate of op | |
| 14. Maiden name 15. Birthplace 16. Informanthusb | and. Mr | Joseph | Oser | 1. 0 | confirmed | above | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | | | | | shoutd be charged s | |
| | | | ash.,D.C. | 22, VIOLENCE: If d | eath was due to exter | nal causes, tili in t | the following; | |
| 17 burial | ~ | Oate the | 5-21-46 (month) (day) (year) | | | | Date of | *********************** |
| (Burial, cremation, | Arling | ton Nat | ional Cemetery | | | | | |
| | | | | | ur?(City or t | | | (State) |
| LocationAr | | | A 73 | I make the second secon | n, industry, public pla | | alunad of marks | |
| 18. Funeral director | Francis (| asch's | & Sons | Meens of Injury | 1.B.30 | | njured at work? | |
| Address 4739 | Baltimore | Avenu | e Hyattsville | | . B. FORD | |) HSMR | |
| ۲ ٦٥ | 1.6 | Many | Charlotte Smith | 23, Oldiki Gil | | • | M. D. or | |
| 19. (Date rec'd by res | 19 | Marry (| Charlotte Smith Registrar | Address USNH B | ethesda. | Md. | Oate signed | 5-18-46 |
| | | | | | | | | |



a delication allowable

JUN 7 1946 BUREAU V.B.

CARLOTTE STATE OF THE STATE OF

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg Dist No. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) county Montoomery State District of Columbia county Takoma / Park (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? - 2 hours Hospital, Institution, or street address where death occurred (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION ADING INK. Supply every item of i Physicians: please write the causes MARGIN RESERVED FOR BINDING Female 6.(b) Name of husband or wife..... .6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) May 30, 1946 It less than one day 8. AGE: Park, Montgomery, Maryland 10. Usual occupation. 11. Industry or business 12. Name. Ed especially important. (Include pregnancy within 3 months of death) Major findings of operations. Washington Sanitorium & Hospital PHYSICIAN: Please paderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causee, fill in the following: Accident, suicide, or homicide..... Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?) Injured at work? Meane of Injury SE

RECUNICO
JUN 1 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

age

2411 N. Charles St., Baltimore

04985

| correct | CERTIFICATE OF DEATH Rog. Diat. No. 223 | | | | | |
|---|---|--|--|--|--|--|
| information carefully. The corof death clearly and logibly. | 1. PLACE OF DEATH: County M.O. T. | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. District of Calumbia County. City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. 141 35 55. N. E (If rural, give LOCATION) 2.(a) It veteran, name war. | | | | |
| ormat | 3. (a) FULL NAME Boby Girl Pendleton # 2 | 3. (b) Social Security Number | | | | |
| of of | 4. Sex 5. Color of race 5. (a) Single, married, widowed, or divorced Female White | MEDICAL CERTIFICATION 20, DATE OF DEATH MAY 30, 1946, 19 | | | | |
| FOR BIN ly every it write the | 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 19. and that I last saw h Landau alive on 57 30 - 18. 4 50. Immediate cause of death and a state of the state of | | | | |
| RESER G INK. | 9. Birthplace Takoma Park, Montcomery, Maryland. 10. Usual occupation. | Due to. Lucini peregnanci | | | | |
| MARGIN WITH UNFADIN important. Physic | 11. Industry or business 12. Name Edmund Elliott Pendleton 13. Birthplace Chicago, Tllinois 14. Maiden name Ether Dean Morse | Other conditions | | | | |
| PLAINLY, WI's is especially im | 16. Interment Records - Washington Sanitarium and Hospital Address 700 Carroll Avenue, Takoma Park, Maryland. 17. Grennetting Dale thereof (month) (day) (year) | Antopsy results | | | | |
| A16 9.45-15M | Location Japan Porly WA 18. Funcial director Sel Fillman, A Hospital Address Washington Sanitarium & Hospital | Where did Injury occur? | | | | |
| VS | 19. May 3 194 (Date rec for registrar) Registrar | 23. SIGNATURE M. D. or other AddresJahane Park, Ind. Oate signed 5-30-46 | | | | |



Evidence for the change of age of deceased is shown on 1. PLAC information carefully. The of death clearly and legible County City or tow

How long Is Hospital, I US. How long 3. (a) F

4. Sex

ma

6.(b) Nam

7. Birth da decease 8. AGE

13. Sirihplace

14. Maiden na 15. Birthplace

14. Maiden name.

(Date ree'd by registrar)

every item of ite the causes

ADING INK. Supply eve Physicians: please write

WITH UNF important.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17

14987

| I |) 4 JUN - 6 | CERTIFICAT | TE OF DEATH Rog. Dist. No | | |
|---------------------------|---|---|--|--|--|
| (I) above pla estitution, | Bethesd If outside city or town li ace of death? or street address where 1. Hospital. | a (rural) mits, write RURAL and give nearest town) days death occurred: Bethesda, Md. | State County Stillwater City or town Stillwater (If outside city or town limits, write RURAL and give neorest town) Street No. 3122 West Maple Sto | | |
| JLL NA | ME | PHILLIPS, Paul Duane | 3. (b) Social Security Number Lt. (C) USNR | | |
| le | S. Color of race W-US | 8.(a)Single, married, widowed, or divorced married | MEDICAL CERTIFICATION 20, DATE OF DEATH 16 May 1946 20.44. | | |
| | 1-1 | abeth M. Phillips years 2-19 Oays If less than one day 14 hrs. min. | and that Light saw h i Malive on 16 May 19 146 | | |
| (| California | | Dua 1c | | |

Meens of Injury

| | | (Town, county, and st |
|-------------------|------------|-----------------------|
| 1D. Usual occup | allon Navy | • |
| | leans | La la |
| 11. Industry or b | usiness | |

TII.

Calif.

Emily Kessler, 16 informant wife: Mrs. Elizabeth M. Phillips

-20-46 (month) (day) (year)

Geo. W. Wise. N. W. Wash D.C.

(Include pregnancy within 3 months of death)

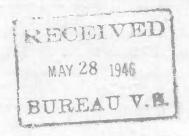
PHYSICIAN: Please noderlice the caose to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur?(City or town)

injured at home, farm, industry, public place (where?) injured at work?

Address USNH Bethesda, Md.

PLEASE WRITE PLAINLY,



MARGIN RESERVED FOR BINDING

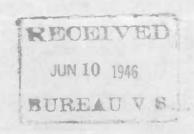
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04988

CEDTIFICATE OF DEATH

| CERTIFICAT | Reg. Diat. No. 216 |
|--|---|
| 1. PLACE OF DEATH: County Montsomery City or town Bethesda, (Pural) How long in above place of death? 2 months 26days Hospital, institution, or street address where death occurred: U. S. Mayal Hospital, Bethesda, Md. How long in hospital or institution? 2 months 26 days 3. (a) FULL NAME | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| 4. Sex 5. Color or race 6.(a) Single, married, withough, or divorced | MEDICAL CERTIFICATION |
| | MEDICAL CERTIFICATION |
| male W-US | 20. DATE DF DEATH 3.0 May 1946 |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 16. 30. May. 19. 16. |
| 7. Birth date of deceased (mo., day, yr.) November 2, 1881 | and that t last saw h i.m. alive on 39 May 19.116 |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION DURATION |
| 61 6 28hrsmin. | |
| 9. Birthplace Kentucky (Town, connty, and state) 1D. Usual occupation Veteran | Due to |
| 11. Industry or business | |
| 12. Name B.F. Picklesimer 13. Birthplace Kentucky | Dther conditions |
| 14. Malden name Elisa Pelphrey 15. Birthplace Kentucky | (Include pregnancy within 3 months of death) Major findings of operations. |
| \$ 15. Birthplace Kentucky | |
| 16. Informant Son: Newton D. Ficklesimer | Autopsy results |
| Address 210 8th St., Frie, Penna. | 22. VIOLENCE: if death was due to external causes, fill in the following; |
| 17. Burial Date thereof 6-7-16 (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory. Arlington National | Where did injury occur? |
| Location Wir Chamber to, by GRW 18. Funeral director CHAMBERS. | Means of injury thiored at work? |
| Address 3072 M St., NW, Washington, D.C. | 28. SIGNATURE C. S.M. TH., COMO. (MC) USNR M. D. or other |
| 19. 30 May 1946 Mary Sparlotte Smith (Dato rec'd by registrar) | M. D. or other |



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

04989

| CERTIFICAL | Reg. Dist. No. |
|--|---|
| 1. PLACE OF DEATH:/ County // ON TGOMCKY | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realgence of mother) |
| City or town | state. Many land county Montgomery |
| How long in above place of death? | Street No. B. H. C. |
| Suburbay HOSPITAL | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME Beatrice Thomas | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Female white married | 20. DATE DF DEATH |
| 6.(b) Name of husband or wife Victor Pineo | 21. I CERTIFY that death occurred in the date above stated; that I attended deceased from |
| | 2) p med Gp 19 to 19 |
| 7. Birth date of deceased (mo., day, yr.) Ap ri / 16, 1909. | and thet I fast saw halive on |
| 8. AGE: Years Myths Days If less than one day | Immediate cause of death DURATION |
| 37 0 2 9 hrsmin. | distre turne motoris |
| 9. Birthplace | Ducks 50% of Pody and |
| | extremition 6 day |
| 10. Usual occupation AOUJE WIFE | Due to |
| 11. industry or business R. D. | Gutia accedent |
| E 12. Name John Thomas | Dther conditions |
| 2 13. Birthplace New Orunswick - Canada | (Include pregnancy within 3 months of death) |
| E 14. Malden name hill & ENGLES | Major findings of operations |
| 2 15. Birthplace NEW Brunswick- Causes | Date of op. |
| 18, Informant Mr Victor Pineo | Aotopsy results |
| Address R.F. D. # 1 Rockville Md. | PHYSICIAN: Please voderlioe the caose to which death shootd he charged statistically. |
| 17 Shipment Date thereof 5/14/46 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremation, or removal. Which?) . (day) (year) . | Accident, aulcide, or homicide |
| Cemetery or crematory Fredexic Long, New Orunsia! | Where did injury occur? (City or town) (County) (State) |
| Location CANALA | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director len Keuken Tumphreis | Means of Injury Couta accordant Injured at work? |
| Address Betherda Maryland | 23. SIGNATURE J. Parachait m. U. |
| 19. 5/63 19 46 Am Class Registrar | Address Starbles long me Date signed 5-9-46 |
| | |

MAY 20 1946 BUREAU V. B.

2411 N. Charles St., Baltimore

,04990

| CERTIFIC | ATE OF DEATH Reg. Dist. No. 2 |
|--|---|
| City or town. (It okside city or townglimits, write KUKAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate County |
| How long in hospital or institution? | 2.(a) If veteran, name war. |
| 3. (a) FULL NAME Mary Pools | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 8.(4) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Leanne White Married | 20. DATE OF DEATH May 31 1956 at 2:0 hor |
| 6.(b) Name of husband or wife 2014 100 100 100 100 100 100 100 100 100 | years 21. I CERTIFY that death occurred of the date ebove stated; that I attended deceased from 19 |
| 8. AGE: Years Months Days If less than one day 19hrs. | Immediate cause of death DURATION min. (Paris Trees) |
| 9. Birthplace (Town Jounty, and state), 10. Usual occupation (Town Jounty, and state), 11. Industry or business | Due to. |
| 12. Name. Basil Flage 13. Birthplace Monty on The | Other conditions |
| 14. Maiden name Mary & dawns 15. Birthplace monty ormy & o mg | Major findings of operations. |
| 16. Interman Melson D. Cool | Autopsy results |
| Address 11 Burial, cremation, or removal. Which?) Baie thereof (month) (day) (year) | |
| Location Location Commencery Location L | Where did injury occur? |
| 18. Funeral director of the same of the sa | Hears of Injury Injured at work? Frank J. Broschart M. J. |
| 19. Junt 1 19 46 Della M. Bur (Bate redd by registrar) Registrar | 23. SIGNATURE M. D. or other M. D. or other strar Address Lawfles M. D. or other |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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| CERTIFICA | ATE OF DEATH Reg. Dist. No. |
|--|---|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| 3.(a) FULL NAME Prather | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Wall colored Child | MEDICAL CERTIFICATION 20. DATE OF DEATH. May 24, 19.46 at 6.15 p. 18 |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19.46 10.49 10.49 10.49 10.46 |
| 8. AGE: Years Months Days If less than one day 5 hrs | Immediate cause of death Acute Enteriors Due to. Due to. |
| 12. Name | Other conditions |
| 14. Malden name Mary Pratter 15. Birthplace 16. Informant E , Septembe Pratter auxi | Major findings of operations |
| Address Such Lawrence May 27, 194 17. (Burial, cremation, or removal. Which?) Cemetery or crematory. Company | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Location Sollanelle md. 18. Funeral director. R. L. Snawfer Address Rack welle, md. | Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work? 23. SIGNATURE De Marker M.D. |
| 19. 5/2 7 19. 46 Pm & John Registrar) | trar Address Superbon Hoop Bethesde, Med M. D. or other |

LARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible.

VS A15

PLEASE



BURNEY SUPERIOR PROPERTY

2411 N. Charles St., Baltimore

04992

| | | | | / |
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| | | | 21 | / |
| BØ. | Diat. | No. | | 46 |

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: County Montgomery City or town. Chevy Chase. (If outside city or town limits, write KURAL and give nearest to How long in above place of death? L4. Years How long in hospital or institution? | |
|--|---|
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| MRS. GENE BURGESS PREM | NTISS NONE |
| 4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorce | MEDICAL CERTIFICATION |
| FEMALE WHITE WIDOWED | 20. DATE DE DEATH. May 29 19 46, et 6: 30. PM |
| 6.(b) Name of husband or wifeRoger G. Prentiss 6.(c) Hallve, give appeces 7. Birth date of deceased (mo., day, yr.) February 24, 1881 | 21. I CERTIFY that death occurred on the date above stated; that attended deceased from |
| 8. AGE: Years Months Days If less than one day | my ocardial facture 3 days |
| 65 3 5hrs | mia. |
| 9. BirthplaceJohnson. Vermont. (Town, county, and state) 1D. Usual occupation Housewife. | Due to Chronic Myocardito 32000 |
| 11. Industry or business Home | schrosis 1094 |
| 12. Name Banum I. Austin 13. Birthplace Johnson, Vermont | Bther conditions |
| 14. Malden name Nellie Burgess 15. Birthplace Enosburg Fall, Vermont | Major findings of operations. Date of op. |
| 16. Informant Roger G. Prentiss, Jr. | Autopsy results |
| Address 4014 Oliver St. Chevy Chase | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 17. burial Bate thereof (month) (day) (: | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Cemetery or crematory | Where did injury occur? |
| Location Johnson Vermont 18. Funeral director W See Sugar S | Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? |
| Address Bethesda, Maryland | 23. SIGNATURE. |
| 19. (Date rec'd by registrar) 18.46 7m 6 Jol | 23. Signal And 1931 Forest Lane, N.W. M.D other Restrant Address Washington, D.C. Date signed 5/30/46 |

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sis especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE

MARVIAGO STATE DEPARTMENT OF BEALTME

RECEIVED
JUN 10 1946
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

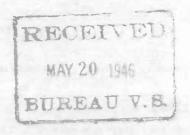
CERTIFICATE OF DEATH

(4993

Reg. Dist. No. 223

| 1. PLACE OF DEATH: Montgomery | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | | |
|--|-----------------------------|------------------|--|---|----------------------------------|--|---|--|
| | | | | State Maryland | State Maryland county Montgomery | | | |
| City or towe Takoma Park (If outside city or town limits, write RURAL and give nearest town) | | | | Tokomo Par | nle | | | |
| How long in above place | ce of death? | 3 years | •••••••••••••• | City or town | r town limits, | write RURAL and give ne | earest town) | |
| Hospital, institution, o | or street address where | e death occurre | d: | Street No. 21 Elm Ave | enue | | | |
| | | | | (If rural, give LOCATION) 2.(a) If veteran, name war NO | | | | |
| How long in hospital | or institution? | | | | | | *************************************** | |
| 3. (a) FULL NAM | AE. | | | 3. (b) Social Securit | | Number | | |
| | EMORY | F. C. | (CRIT) RAY | | | NONE | | |
| 4. Sex | 5. Color or race | 6.(a)Sing | le, married, widowed, or divorced | MEDI | ICAL CE | RTIFICATION | | |
| Male | White | | Widowed | 20. DATE OF DEATH THOU | 150 | t " | /- A | |
| | | | | | | | | |
| | d or wife Eliza | | | 21. I SERTIFY that death occurred on | n the date above | stated; that I attended dec | eased from | |
| *************************************** | | | c) if allve, give ageyear | s feece | 19.4 | 5 to May 1 | 19.4.6. | |
| 7. Birth date of deceased (mo., day, | | r 22, 1 | | and that I last saw h | on | ay / | | |
| 8. AGE: Yea | | Days | If less than one day | Immediate cause of death | 7) | | DURATION | |
| 85 | 5 6 | 23 | hrs. min | Co Comment | mo | 11/2 | Gerdellan | |
| 2 | | | 1 | | | | | |
| 9. BirthplaceHO | ckville; M | aryland | state) | Due to | ************************* | | | |
| Am H. of a constitution | Retired | | | | •••••• | | | |
| | | **************** | ••••••••••••••••••••••••••••••••••••••• | Due to | | | *************************************** | |
| 11. Industry or busine | | D | | | | ······································ | *************************************** | |
| 12. Name Wi | IIIam nenr | у пау | | Other conditions | rlen | 22-2 | | |
| 13. Birthplace | | | ryland | (Include pregnance | -200 | with of donth) | | |
| # 14. Maiden name | Virginia | D. War | 'd | | | | | |
| 14. Maiden name 15. Birthplace | | Ms | ryland | Major findings of operations | | | | |
| | | | - V | | | | | |
| 16. Informant | nry Gorman | nay | *************************************** | PHYSICIAN: Please underline the | | | | |
| Address 21 | Elm Ave. | Takoms | Park, Md. | | | | | |
| | al on, or removal. Which | | eof May 18,1946 (month) (day) (year) | 22. VIOLENCE: If death was due to | | | | |
| | | | | Accident, suicide, or homicide | | | | |
| Cemetery or crema | tory Rockvi | lle Uni | ion Cemetery | Where did injury occur?(Cit | ty or town) | (County) | (State) | |
| Location Ro | ckville 7M | aryland | | injured at home, farm, industry, publ | lic place (whe | re?) | *************************************** | |
| | 1100 61 | 0 | Luce planees | Means of Injury | | Injured at work? | | |
| 18. Funeral director | thesda, Ma | mr.1 a.m.3 | A State of the sta | 1 | | 1 | | |
| Address DO | onesua, Ma | TATAL | What I have | 23. SIGNATURE MACA | n. 00 | senthes | a ms | |
| " Mus | 16,46 | 1 | HUMIN NEWS | 23. SIURATURIS. J. | lon y | M. D. | or other | |
| (Date rec'd dy r | egistrar) | / | Registra | Address | | Date signed | 3/13/46 | |
| U | | // | | Book | - | 71 | | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baltimore 1860

04994

CERTIFICATE OF DEATH

or Dist. No. 5/14

| | 1100 | | |
|--|---|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town) Street No. 130 Hilltop Road (If rural, give LOCATION) 2.(a) If veteran, name war. | | |
| 3. (a) FULL NAME CATHERINE ADELINE RAYER 4. Sex 5. Color or race 5. (a) Single, married, wildowed, or divorced | 3. (b) Social Security Number none | | |
| female white widowed | MEDICAL CERTIFICATION 20. DATE OF DEATH 19.4 (2. 21. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. | | |
| 8.(b) Name of husbandXXX Robert E. Rayer 7. Birth date of deceased (mo., day, yr.) June 17, 1869 8. AGE: Years Months Days It less than one day 76 11 0 hrs. min. 9. Birthplace. Arcadia, Indiana (Town, county, and state) 10. Usual occupation. Housewife, retired. 11. Industry or business Own home 12. Name. Joseph Knause 13. Birthplace Pa. 14. Maiden name. Mary Goldman 15. Birthplace Ohio 16. Informant Mrs Irene R. Denison Address 130 Hilltop Road. Silver Spring | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 46. 10. 19. 46. and that I last saw h 12. alive on 19. 46. Immediate cause of death DURATION 2. Alive Other conditions DURATION Due to. 19. 46. Other conditions DURATION Other conditions DURATION Major findings of operations. Mallitum Suggisted Statistically. PHYSICIAN: Pfease underline the cause to which death should be charged statistically. | | |
| Address 130 Hilltop Road, Silver Spring 17. Shipment & buria bate thereof May 19. 1946. (Burial, efemation, or removal. Which?) Cemetery or crematory. Crown Point Cemetery Location Kokomo, Howard Co., Indiana 18. Funeral director. Locator E. Carrollana Address Silver Spring, Md. 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | 22. VYOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide | | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 1440)

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| No. | Reg. | Dist. | No. | 2 | 16 |

| 2411 N. Ch | arles St., Baltimore 40 |
|--|--|
| CERTIFICA | ATE OF DEATH Reg. Dist. No. 2/6 |
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| 3. (a) FULL NAME Charles W. Riley S. | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, profivorced Male White Single | MEDICAL CERTIFICATION 20. DATE OF DEATH. May 17 19 X 6 21.2:30 4 M |
| S.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 8. AGE: Years Months Days If less than one day 26 1/26 | nin. Immediate cause of death. DURATION DOMAGINA DIRECTION DI |
| 1D. Usual occupation | Due to |
| 12. Name Land | Other conditions |
| 14. Maiden name 27 | Major findings of operations |
| Address Sarrett Sark, Mal. 17. Buck Sarrentin, or removal. Which? 18. (Burial, cremation, or removal. Which?) 19. (Burial, cremation, or removal. Which?) | Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. |
| Cemetery or crematory Location | Where did injury occur? |
| 18. Funeral director Jemothy Danlon Address 641 N St. 71. & Nash D | Meens of Injury Injured at work? Injured at work? 23. SIGNATURE September Example M. D. October |
| 19. 5/17 19.46 Am & Johns Delas (Date rec'd by registrar) = Regist | 23. SIGNATURE M. D. or other M. D. or other Address Matheway M. Date signed 5 17 - X 6. |

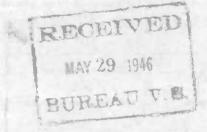
MARGIN RESERVED FOR BINDING

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MAY 22 1946

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (950) CERTIFICATE OF DEATH 1. PLACE OF DEATH; 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly. (For newborn infants give residence of mother) its, write RURAL and give nearest town) item of information carefully. causes of death clearly and l (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: Street No ... (If rurat, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number Williams MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING 20, DATE OF DEATH May 2 6 1946 16:13 21. I CERTIFY that death occurred on the date above stated; That I attended deceased from 6.(b) Name of husband or wife..... 1945 to May 26 S.(c) If alive, give age 7. Birth date of Supply clease wri deceased (mo., day, yr.) If less than one day Years 8. AGE: ADING INK. Physicians: 10. Usual occupation. 11. Industry or business (Include pregnancy within 3 months of death) 14. Maiden name. 15. Birthplace especially WRITE PLAINLY PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 17 BUTIA May 29, 1946 (month) (day) (year) Accident, suicide, or homicide..... Where did injury occur?(City or town) Cemetery (County) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? irche sons EASE Address 3034 (Date rec'd by registrar)



(If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

OURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Date offeril Hthe 1946. montgomery, morryland. (County)

injured at work?

... Date signed.

RECEIVED MAY 28 1946

BUREAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

C4S99 Reg. Dist. No. 216

Work

| USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Ite Maryland County Montgomery or fown Rural ROCKVILLE (If outside city or town limits, write RURAL and give nearest town) WPREVENTION Oak* Halpine Rd (If rural, give LOCATION) (If veteran, name war. 3. (b) Social Security Number None MEDICAL CERTIFICATION DATE OF DEATH. 1. CERTIFY that death occurred on the date agree stated; there attended deceased from 1. A Social Security Number Security Number Security Number Security Number None MEDICAL CERTIFICATION DURANT Security Number Security Number Security Number Security Number None MEDICAL CERTIFICATION DURANT Security Number Security Number Security Number Security Number None MEDICAL CERTIFICATION DURANT Security Number Security Number Security Number None MEDICAL CERTIFICATION DURANT SECURITY Number Security Number Security Number None MEDICAL CERTIFICATION DURANT SECURITY Number Security Number None MEDICAL CERTIFICATION DURANT SECURITY Number None MEDICAL CERTIFICATION DURANT SECURITY Number None MEDICAL CERTIFICATION DURANT SECURITY Number None DURANT SECURITY NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER |
|--|
| y or town. Rural Rockville (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) (a) If veteran, name war. 3. (b) Social Security Number None MEDICAL CERTIFICATION DATE OF DEATH. 1 CERTIFY that death occurred on the date above stated; that attended deceased from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| (If rural, give LOCATION) (a) If veteran, name war 3. (b) Social Security Number None MEDICAL CERTIFICATION DATE OF DEATH. 1 CERTIFY that death occurred on the date above stated; that attended deceased from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| (If rural, give LOCATION) (a) If veteran, name war 3. (b) Social Security Number None MEDICAL CERTIFICATION DATE OF DEATH. 1 CERTIFY that death occurred on the date above stated; that attended deceased from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 3. (b) Social Security Number NONE MEDICAL CERTIFICATION DATE OF DEATH. 1 CERTIFY that death occurred on the date above stated; that attended deceased from 1 CERTIFY that death occurred on the date above stated; that attended deceased from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 3. (b) Social Security Number NONE MEDICAL CERTIFICATION DATE OF DEATH. 2 4 May 19 19 10 2 4 May 1 Of that I last saw h. Quality on 2 4 May 1 of that I last saw 1 |
| None MEDICAL CERTIFICATION DATE OF DEATH. 24 May 1946; the 1 attended deceased from 1947 1947 1947 1947 1947 1947 1947 1947 |
| MEDICAL CERTIFICATION DATE OF DEATH 24 May 19 4 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| DATE OF DEATH. 24/ May 1945. I CERTIFY that death occur/ed on the date above stated; that I attended deceased from 24/1943. 19 10 24/1943. I that I last saw his 22 alive on 24/1943/195. |
| I CERTIFY that death occurred on the date above stated; that I attended deceased from Left 1943 19 10 24 Keep 1 d that I last saw hi. 2 alive on 24 Keep 1 |
| I CERTIFY that death occurred on the date above stated; that I attended deceased from Left 1943 19 10 24 Keep 1 d that I last saw hi. 2 alive on 24 Keep 1 |
| d that I last saw he en alive on 24 may 1546.1 |
| d that I last saw he en alive on 24 may 1546.1 |
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| Myocardeal Infarction |
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| |
| e to coronery artery Procare |
| |
| e 10 |
| |
| ner conditions |
| (Include pregnancy within 3 months of death) |
| (Include pregnancy within 3 months of death) |
| |
| topsy results. Prond |
| itopsy results |
| . VIOLENCE: If dear was due to external causes, fill in the following; |
| cident, suicide, or homolde |
| |
| ners did lnjury occur? |
| ured at home, farm, Industry Dublic place (where?) |
| eans of Injury Injured at work? |
| SIGNATURE Charles R. L. Hally MA |
| SIGNATURE MACCOUNTY A PROCESS AND ASSOCIATION OF |
| dress 1801 Exp SIN.W Date signed 25/ |
| i iii |

VS A15

MARGIN RESERVED FOR BINDING

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MAY 28 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

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| TO THE PARTY OF THE | 0.77 | DEARIT | 7 1 1/4 |
|---------------------|------|--------|---------|
| ERTIFICATE | OF | DEATH | -45 |

| City or town Silver Spri (If outside city or town limit How long in above place of death? | ng. s, write RURAL and give nearest town) lih occurred: r Drive | State Maryland Course Spri (If outside city or town limits Street No. 10,620 So. Dw (If rural, give | nty Montgomery ng s, write RURAL and give nearest town) nmoor Drive |
|---|---|---|---|
| 3. (a) FULL NAME | | 2.(G) It vereran, name war | 3. (b) Social Security Number |
| ISAAC REYNOL | DS RUCKER | | 225-03-4665 |
| 4. Sex 5. Color or race | 6.(a)Single, married, widowed, or divorced | MEDICAL CI | ERTIFICATION 3:10 |
| Male White | Married | 20. DATE OF DEATH | 7 19 × 6 21 3:10P |
| 7. Birth date of | a Lawless Rucker 5.(c) Halive, give ageyear | | weas 11 |
| 8. AGE: Years Months | Days It less than one day | Immediate cause of death | OURATION |
| 70 1 | 27min | Cerebral her | worrhage 12 hr |
| (Town, co | unty, and state) | Due to | J |
| 11. Industry or business | | | |
| James Rucker 12. Name James Rucker Virginia | | Other conditions | |
| M Torrinda | 0 | (Include pregnancy within 8 | months of death) |

14. Maiden name....Lavini
15. Birthplace Virginia Lavinia Cox

Mrs. Joseph Downs, Address 10626 S. Dunmoor Dr. Silver Spg.

17. Burial (Burlal, cremation, or removal. Which?) 5-20-1946 (month) (day) (year)

St. Mary's Rockville, Montg.

Silver Spring, Address

23. SIGNATURE.....

Meons of Injury

injured at work?

22. VIOLENCE: If death was due to external causes, till in the tollowing:

Accident, suicide, or homicide.....

Injured at home, farm, Industry, public place (where?)

Where did injury occur?(City or town)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VS A15

MARGIN RESERVED FOR BINDING

important

PLEASE WRITE PLAINLY,

MAY 22 1945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 467

CERTIFICATE OF DEATH

05001 Reg. Dist. No. 223 -

Address Dato signed Dato signed

| 1. PLACE OF DEA | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | |
|--|---|---|---|---|--|---|-------------------|
| County Montgomery | | State District of Columbains | | | | | |
| City or town. Takoma Park (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?59days | | ** | | | | | |
| | | City or town Hashington, D. C (If outside city or town limits, write RURAL and give nearest town) | | | | | |
| | nstitution, or street address where death occurred: | | Street No1329 | Street No. 1329 16th St., N. W. | | | |
| | | | spital | | | ive LOCATION) | V |
| How tong In hospital or | institution? | 59 days | S | 2.(a) If veteran, name war | | | |
| 3. (a) FULL NAME | | | | | | 3. (b) Social Security | y Number |
| Schipp | ell Mr. | Edward | ·I. | | | | |
| 4. Sox | 5. Color or race | 8.(a)Singl | o, married, widowed, or divorced | | MEDICAL | CERTIFICATION | |
| Male | white | Mar | ried | 20 8177 97 97171 | May 13 | 19. 46 | . 4:25 P. |
| | | | | | | | |
| 6.(b) Namo of husband | or wifeThene | esa M. S | Schippell | 21. I CERTIFY that dea | ath ocurred on the dato | above etated; that I attended dec | 13 .44 |
| 0.0000000000000000000000000000000000000 | | 6.(| e) tf alive, give ageye | | | noy 13 | |
| 7. Birth date of decoaced (mo., day, y | June | 27. 18 | 368 | | | | |
| 8. AGE: Years | | Days | tf less than one day | | leath | | DURATION |
| | | | hrs | | none | - andra | - 6 More |
| 78 | | 3.6 | | | .0.00,.0 | *************************************** | |
| 9. Birthpiace | (Tow) | n, county, and | aryland state) | Due to | 00.011111111111111111111111111111111111 | | |
| sm there's econocitor | Retire | ed | | *************************************** | | | |
| | | 4 , 140, 100, 100, 100, 100, 100, 100, 100 | *************************************** | Due to | | | **** |
| 11. Industry or business | 1 . 1 . 0 | Sol. | pell | | R. Rhin | Alourah | |
| H 12. Name The | godore J. | Dehy | pec | Other conditions | agrine | o volumen | **** |
| 13. Birthplaco | Terma | my | | (Inc. | lude pregnancy within | 3 months of death) | |
| 14. Malden name 15. Birthplace | Muk | | | Major findings of ope | 0 | a about | |
| W 15 Sirthplace | Germa | MI | | | THE COURT OF THE C | Date of op | 3/15/4 |
| | | | | | 0 | | 1 |
| 18. Informant | | X | | PHYSICIAN: Please | underline the cause to | which death should be charge | ed statistically. |
| Address | | | 90 | 22 VIOLENCE, 11 de | | causes, till in the tollowing; | |
| 17 Zuria (Burial, cremation, | L | Date ther | (month) (day) (year) | 6 Application aviolete av l | | Date of | |
| (Burlal, cremation | or removal. Which | | | | | | |
| Cemetery or cremato | ry | Since | IN) | 11 | | n) (County) | |
| Location De | utland | ma | , , , , , , , , , , , , , , , , , , , | Injured at home, farm | , tndustry, public place | (where?) | |
| | the of | 2/ | Henles, Ca | Meane of Injury | | Injured at work? | |
| 18. Funeral director. | | 111 | 6 1/4 m On | 9 | 101 | 12 | 1. |
| Address | 0/ | 140 | May 17 | 23. SIGNATURE | Som M | 1. Inverse | Kesse hu |
| 10 ///an1 | 3 1946 | 5 | HIOMEN ASTA | 0 | 0 |) M. D | of other |
| (Date reckl by re | gistrar) | // | Regist | ar Address | 0 - | Dato signer | 5/12/11 |



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

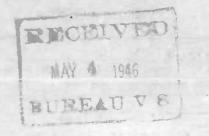
2411 N. Charles St., Baltimore

05002

CERTIFICATE OF DEATH

Reg. Dist. No. 223

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| county Montgomery | |
| City or town Takoma Park (If outside city or town limits, write RURAL and give nearest town) | State Virginia County |
| How long in above place of death? 8. days | City or town 1733 Queens Lane (If outside city or town limits, write RURAL and give nearest town) |
| How long in above place of death restaurance, see the secured; | |
| Jolliffe Nursing Home | Street No. Arlington (If gural, give LOCATION) |
| How long in hospital or institution? 8 days | |
| | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Mary Bell_Shaw | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| Female White Married | |
| -emare willos Martied | 20. DATE OF DEATH MAY 1946 31 1:01 P. M |
| B.(b) Name of husband or wife Frederick B. Shaw | 21. I CERTIFY that death occurred on the date above stated; that attended deceased from |
| | March 9 1934 to May 1 1946 |
| 7. Birth date of | and that I last saw her alive on 30 April 1946 |
| deceased (mo., day, yr.) July 3, 1879 | Immediate cause of death. Adenocarcinoma of DURATION |
| 8. AGE: Years Mooths Days If less than one day | broast with motostopic manage |
| 66 9 28hrsmin. | |
| | ized 1945 |
| 9. Birthplace Helena Montana (Town, county, and state) | Due to |
| 10. Usual occupationHousewife | |
| 10. Usual occupation | Bue to |
| 11. Industry or business | |
| E 12. Name Joseph Davis | Dther conditions |
| 13. Birthplace Chester, Penna. | |
| | (Include pregnancy within 8 months of death) |
| 14. Maiden name Flora Marsh 15. Birthplace Jeffers on ville, Ind. | Major findings of operations. Mastectomy, left, radical. |
| ≥ 15. Birthplace Jeffersonville, Ind. | Date of op. |
| 16. Informant Jessie P. Jolliffe | |
| | Autopsy results |
| Address 805 Maple Avenue, Takoma Park, Md. | as violence if the table of the fall of the fall of |
| (Burial, cremation, or removal, Which?) Date thereof May 2, 19 46 (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremation, or removal, Which?) (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory | Where did injury occur? |
| S. The Donald | Injured at home, farm, Industry, public place (where?) |
| Location Control Contr | |
| 18. Funeral director | Means of Injury Injured at work? |
| Address 30 3 11 m. 84 m. 11. | 11 1/2 10+11 10 |
| 30 34 10 10 10 | 23. SIGNATURE / Cul Mone 12 A. M.C. |
| 19 Way 1 18 46 9 10 walley | Out Patient Service M.D. or other |
| (Date rec'd hy registrar) | Address Walter Reed General Hosp Date signed 5/1/46 |
| | wash., 12, D.C. |



Supply every item of information carefully. The correct age tease write the causes of death clearly and legibly.

FOR BINDING

MARGIN RESERVED

PLEASE WRITE PLAINLY, WITH UNF is especially important.

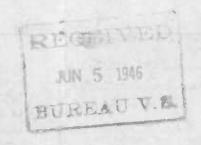
2411 N. Charles St., Battimore 4757

05603

| CERTIF | CATE | OF | DE | ATH |
|--------|------|----|----|-----|

Reg. Diat. No. 2//

| | A CONTRACTOR OF THE CONTRACTOR |
|--|--|
| 1. PLACE OF DEATH; | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| County Monty orange | Stat Marylan County Mondayon |
| (If ontside city or town limits, write ROMAL and give nearest town) | 15 |
| How long in above place of death? | (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Street No |
| How long in hospital or institution? | 2.(a) If veleran, name war. |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Edith May hea | kels |
| 4. Sex 5. Color or raco 6.(a) Single, married, wildowed, or divorced | MEDICAL CERTIFICATION |
| temale While Wiglogetoly | 20. DATE DE DEATH May 29, 1946 21/0:50 D:M |
| 6.(b) Name of husband or wife Nothan Sheokels | 21, I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 6.(c) If allve, give ageyears | January 150 1844 10 May 7,9 1846 |
| 7. Birth date of deceased (mo., day, yr.) Sept. 7, 1871 | and that I last say h. E.R. alive on fine 19. |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death Consider from Consideration DURATION |
| 74 7 22min. | Tright ling feneralized year |
| a planeton inputymany co mal | Que to. |
| 9. Birthplace (Town Gunty, and state) | DUC 10 |
| 10. Usual occupation Daniel | Oue to |
| 11. Industry or business frome p | |
| 12. Name. 3500 200 200 200 200 200 200 200 200 200 | Dther conditions |
| 13. Birthplace | (Include pregnancy within 3 months of death) |
| 14. Malden namo liga M. Terris 15. Birthplace Moultonery C 0 2mg | Major findings of operations |
| \$ 15. Birthplace Montyoners 0 2mg | Date of op. |
| 16. Informant Cara / Carta | Autopsy results |
| Address Mourosia | 22. VIOLENCE: Il death was due to external causes, fill in the following: |
| 17 Buril Date thereon 2. 1946 | Accident, suicide, or homicide |
| (Burial, cremation, or removal, Which?) (month) (day) (year) | Where did injury occur? |
| Cemetery or crematory Wannaman Manager | (City or town) (County) (State) |
| Location Monty on 6 2 | Means of Injury Injured at work? |
| 18. Funeral director Log W. Bartan | |
| Address & aptomille mof | 23. SIGNATURE James P. Kerr M. H. |
| 19 Juste / 19 46 Della W Burdelle | M. D. or other |
| (Date rec'd by registrar) Registrar | Address Verbulacus, / A Date signed 21 |



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93-0 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: . The legibly. (For newborn infants give residence of mother) information carefully. How long in above place of death?..... (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?..... 2.(a) It veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING item of 1946 17:25P 21. I CERTIFY that death occurred on the dale above stated: that I attended deceased from Supply e deceased (mo., day, yr.) Immediate cause of death 8. AGE: ease UNFADING INK. 1B. Usuat occupation. 11. Industry or business important 13. Birthplace 14. Malden na 15. Birthplace 14. Malden name. PLAINLY PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did Injury occur? (City or town) (County) Injured at home, farm, industry, public place (where?) Location ... Injured at work? Means of Injury ASE 18. Funeral director Address



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 21 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH-(For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?.. 3. (b) Social Security Number 3. (a) FULL NAME 6.(a) Single, married, widowed, or divorced 5. Color or race 21. I CERTIFY that death occurred on the date above atated; that I attended deceased from B.(c) It alive, give age. NSFORD.

deceased (mo., day, yr.) 8. AGE: 13. Birthplace 14. Malden name... 15. Birthplace

Date thereof

(Include pregnancy within 3 months of death)

| | Autopsy results |
|---|-----------------------------------|
| ì | THISTORY, France and the trace to |

(City or town)

22. VIOLENCE: If death was due to external causes, fill in the following; Accident, aulcide, or homicide.....

Where did injury occur?

Major findings of operations

(County)

(State)

Injured at home, farm, industry, public place (where?) Means of Injury

Injured at work?

M. D. or other

WRITE EASE important.

especially

y. The collegibly.

information carefully of death clearly and

FOR BINDING

MARGIN RESERVED

MAY 28 1946 BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

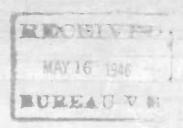
| de | | 5 | () | 0 | 6 | 07/ |
|----|------|---|-----|----|---|-----|
| - | Reg. | D | at. | Ne | D | 570 |

| | The state of the s |
|---|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| County Montgomery | State. D. C. County |
| City or town Bethesda (mra]) (If outside city or town limits, write RURAL and give nearest town) | " Washi ngton |
| How long in above place of death? | City or town |
| How long in above place of death? Mospital, Institution, or street address where death occurred: | Street No. 712 Bailey Place, S. E. Apt. #2 |
| U.S. Naval Hospital, Bethesda, Md. | |
| How long in hospital or institution? | 2.(a) tf veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| | J. (O) Ducket December Assumed |
| Scott Preston SQUYRES V.B.P. | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| ml W-US married | 20, DATE OF DEATH 17 May 1946 30 210:40 pm |
| | as a province that doubt a second on the date chave stated; that I ottended decreased from |
| 8.(b) Name of husband or wife | 24 April 19.46 10 17 May 1946 |
| 7. Birth date of | ars and that I last saw h im alive on 17 May 1916 |
| deceased (mo., day, yr.) July 1 1895 | Immediate cause of death |
| 8. AGE: Years Months Days If less than one day | Carolyal hemorrhoge 3 days |
| 50 10 16hrs | in. |
| | 10942 |
| 9. 6irihpiace Olka (Town, county, and state) | Oue to |
| 10. Usuat occupation. Veteran | 11 3044 3 |
| 10. Usuat occupationXE LETAU | Due to Chrame Nepause 8093. |
| 11. Industry or business | A: |
| E 12. Name Dallas Rayburn | Other conditions Seneralized arterio |
| 13. Birthplace unknown | (Include pregnancy within 3 months of death) |
| 14. Malden name Fannie London | (Include pregnancy within 3 months of death) |
| | Major findings of operations. |
| \$ 15. 8irthplace Ark | Date of op. |
| 16. Informant Mrs. Mary L. Souyres | Antopsy results Ceraly homen Bright' disease |
| Address 712 Bailey Pl. S.E. Wash. D.C. | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| N, | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| 17 removal (Burint, cremation, or removal, Which?) Date thereof (moonth) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory Memorial Park | Where did injury occur? |
| | |
| Location Oklahoma City, Okla | |
| 18. Funeral director W.W. Chambers Co. 6B | Means of Injury Injured at work? |
| | CW Howfon |
| Address 1400 Chapin St., N. W., Wash. D. C. | 23. SIGNATURE C. W. THOMPSON, Lt.Comdr. (MC) USNR |
| May to Ho There Charlotte om | th USNH Bethesda, Md. Date eigned 5-17-46 |
| (Date rec'd by registrar) Regist | rar Address ODNA De of E Sura, Brue Date eigned |

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MARGIN RESERVED FOR BINDING





PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

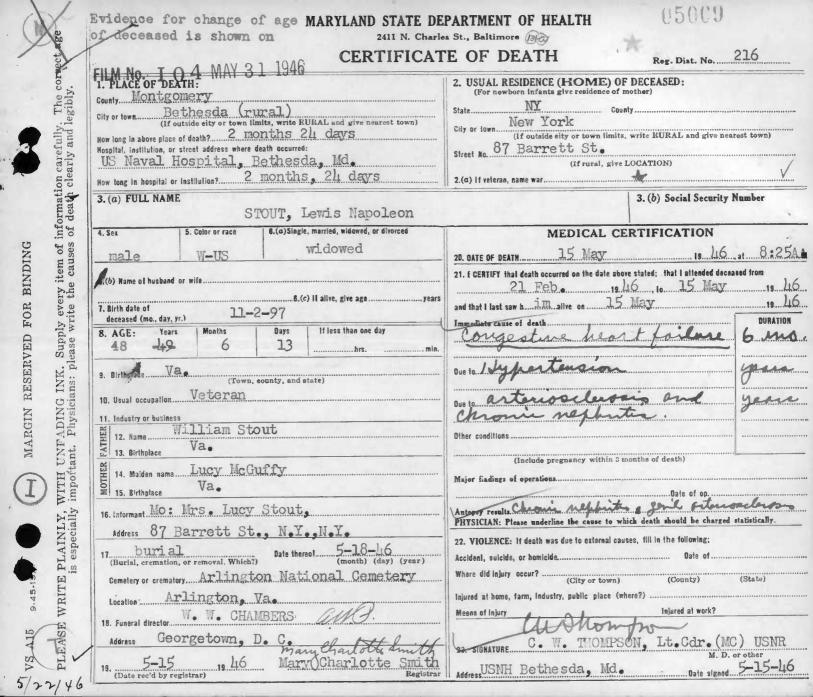
2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

* (35008

| CERTIFICA | E OF DEATH Reg. Dist. No. |
|---|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| 3. (a) FULL NAME Stone Charles 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced | 3. (b) Social Security Number MEDICAL CERTIFICATION |
| M White Married 6.(b) Name of husband or wife May Pines Stone 6.(c) If allre, give age years | 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.43 to May 23 19.46 |
| 7. Birth date of deceased (mo., day, yr.) Sec. 2, 1871 8. AGE: Years Months Days If less than one day 745 745 765 775 775 776 777 778 778 77 | Immediate cause of death Lower Declusion Due to Arterosclerosis 4eass |
| 9. Birthplace | Due to. It y perleusion years |
| 12. Name Stone 13. Birthplace Ft. Recovery Ohio 14. Maiden name Ruth Martindale 15. Birthplace Peru Sul | Other conditions |
| 16. Informant wife Address 20 of Willow are Jakome Park | Autopsy results |
| 17. (Burial, cremation, or represent Which?) Cemetery or crematory. See. Wash. Measured Century Location Diggs Kd. Hystleville Md. | Accident, suicide, or homicide |
| 18. Funeral director. A Carroll St. Jakova Park, D.C. 19. Mary 24 1946 & Dudoy Registrar (Date rec'dby registrar) | Meens of Injury Injured at work? 23. SIGNATURE Color User M. D. or other Solve 144 |

MAY 25 1945
BUREAU VE



MAY 28 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

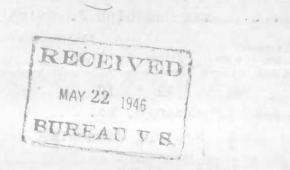
2411 N. Charles St., Baltimore 932

CEDTIFICATE OF DEATH

05010

| CERTIFICAT | E OF DEATH Reg. Diat. No. |
|--|---|
| 1. PLACE OF DEATH: County Montgomery | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale Maryland County Montgomery |
| City or town | City or town Silver Spring (If outside city or town limits, write RURAL and give uearest town) Street No. 9213 Saybrook Avenue |
| 9213 Saybrook Avenue | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war. |
| 3. (a) FULL NAME MARY ELIZABETH STUPP | 3. (b) Social Security Number none |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Widowed | MEDICAL CERTIFICATION 20. DATE OF DEATH / 6 MAY 19.46 at /0; 40 Pm |
| 8,(6) Name of husband PKIX Randolph J. Stupp | 21. I CERTIFY that death accurred on the date above stated; that I attended deceased from 10 MAY 1946 to 16 MAY 1846 |
| 7. Sirth date of deceased (mo., day, yr.) June 6, 1861 | and that t last saw h R. T. alive on 16 M AY 19.76 |
| 8. AGE: Years Months Days If less than one day 11 10hrsmin. | TERMINAL INEVADINA |
| 9. BirthplaceFunkstown, Md. (Town, county, and state) | Due to CONGESTIVE HEART |
| 10. Usual occupation | Due to ARTERIO 3CLEROSIS GENERAL 1ZED SEVERE |
| 12. Name Edward Flynn 13. Birthplace Md. | Other conditions |
| 14. Maiden name Sarah De Show 15. Birthplace Pa. | (Include pregnancy within 3 months of death) Major findings of operations. NDNE |
| S 15, Birthplace Pa. | Date of op. |
| 18. Informani Mrs. Albert J. George | Autopsy results. PHYSICIAN: Please underline the cause to which death shootd he charged statistically. |
| Address 9213 Saybrook Ave., Silver Sprin 17. Burial (Burial, cremation, or removal. Which?) Data thereof. May. 20, 1946 (month) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory Cedar Hill Cryptorium | Whera did injury occur? |
| Location Suitland Rd., Pr. Geo. Co., Md. 18. Funeral director. Carnex E. Tumphxey | Means of Injury Injured at work? |
| Address Silver Spring, Md. | 23. SIGNATURE / Marshall Curillier J. M. or other |
| 19. man 17 1946 Josephine in Chaeffe Rightrar | Address 8648 Heorgia are Date Signed 16 May 4 |

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corr is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE VS A15



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (934) CERTIFICATE OF DEATH Reg. Dist. No..... PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) carefully. The arly and legible (If outside city nr town limits, write RURAL and give nearest town) City or town How long in above place of death?... Hospital, lostitution, or street address where death occurred: death clearly (If rural, give LOCATION) information of of death cles How long to hospital or institution?.. 2.(a) it veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION item of i MARGIN RESERVED FOR BINDING 24-1 CERTIFY that death Securred on the late above stated; that I attended deceased from 8.(b) Name of husband or he .S.(c) tf alive, give ageyears 7. Birth date of deceased (mo., day, yr.) Supply DURATION Months Days It less than one day 8. AGE: Years ease 4..... mts. d INK. ADING INK. (Town, county And state) 10. Usual occupation. 11. Industry or business important. 13. Birthplace (Include pregnancy within 8 months of descrip-15. BirthplaceDate of op. PLAINLY, Is especially 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Date thereof Accident, suicide, or homicide..... (Buriat, cremation, or removal/Which? (month)/(day) (year) Where did injury occur?(City nr town) PLEASE WRITE Cemetery or crematory (County) (State) Injured at home, tarm, industry, public place (where?) Location Means of Injury Injured at work? 23. SIGNATURÉ M. D. or other Poste signed many Reistrar

CATAGO TO TATA DITATION OF DEATH

RECEIVED

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(5)12

CERTIFICATE OF DEATH

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| | λτος, στο ττο πετιπείου |
|--|---|
| 1. PLACE OF DEATH: County. MONTEOMARY. City or town. R. F. D. Rockville (If outsite city or town limits, write RURAL and give nearest town) How long in above place of death? 25. years. Hospital, institution, or street address where death occurred: How long in hospital or institution? | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery City or town. Rockville (If outside city or town limits, write RURAL and give nearest town) Street No. RFD, Hunting Hill (If rural, give LOCATION) 2.(a) If veteran, name war. |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married | 2D. DATE OF DEATH MAY 19.56 21.220 P. |
| 6.(b) Name of husband or wife Ludmilla 6.(c) If allye, give age 57 years 7. Birth date of deceased (mo., day, yr.) June 21, 1888 | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 |
| 8. AGE: Years Months Days If less than one day 57 11 20 | Corners occlusion adde |
| 9. Birihplace St. Petersburg, Russia (Town, county, and state) 10. Usual occupation Navy Dept. Bureau of Ships 11. Industry or business 12. Name Nicholas Vassilieff 13. Birthplace Russia | Due to |
| 14. Maiden name Mary 15. Birthplace Russia | (Include pregnancy within 3 months of death) Major findings of operations |
| 16. Interment Mrs. Ludmilla Vassilieff Address RFD Rockville, Md. | Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: |
| 17. Burio Date thereof 5/13/46 (Burial, cremation, or removal. Which?) Cemetery or crematory Nockville Lusion Cemeters Location Nockville Manyland | Accident, suicide, or homicide |
| 18. Funeral director lem fachen Remphrey Address Rockville M. Drocker 19. 5/12/46 Rockhine D. Drocker (Optio rec'n by registrar) Registrar | Means of Injury Injured at work? Injured at work? 23. SIGNATURE M. D. or other Address Address Address Address |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

correct age

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|--|
| County Months and Mid | State und County Woulformery |
| Cliy or town | Barlaska I |
| How long in above place of death? | City or town. Tif outside city or town limits, write EURAL and day nearest town) |
| 100 Hilley W. Killey | Sireei No. 62 7(If rushi, give LOCATION) |
| How tong in hospital or institution? | 2.(α) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| WILLIAM. M. WAI | LES Sr. |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| M. Widowed. | 20. DATE OF DEATH 1129 1, 1946 at 24. |
| 6.(b) Name of husband or wife Ala B. Walles | 21. I CERTIEN that death occurred on the days above stated; that haltended deceased from |
| S (e) 44 allwa giya aga | Vears 19.46, 10 Way 19.46 |
| 7. Birth date of deceased (mo., day, yr.) Way 9 186/ | and that I last saw h |
| 8. AGE: Years Months Days It less than one day | Immediate cause of death |
| 25-84 11 22 hrs. | |
| Wash, D.C. | Davids / |
| 9. Birihplace | Due to Vyr. arterio clusses Vyr |
| 10. Usual occupation Walter State Televie | Due to. |
| 11. Industry or business ligar store. | |
| 12. Name Olsabe Mailes 13. Birtholace Mash. D. C. | Diher conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Maiden neme | Major findings of operations. |
| 15. Birthplace | major madings of operations. Date of op. |
| 18. Informani Mrs Hortense Wailes | Antopsy results. |
| Address 5418 WCKilleyetti | PHYSICIAN: Plesse underline the cause to which death should be charged statistically. |
| 0 1. 0 1 1 //wil . 11 10 | 22. VIOLENCE: It death was due to external causes, till in the following: |
| (Burial, cremation, or removal, Which?) Date thereot (month) (day) (year) | |
| Cemetery or crematory Assign Castalla | Where did injury occur? |
| Location (C) | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director St. P. Amico Co | Mesns of Injury Injured at work? |
| make ille Arial | (2) 1.162 |
| Address 7901 1954 1V.0V | 23. SIGNATURE M. D. or other |
| 19. 5/1 1846 Am 6 Julie | A. C. |



CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HON

2.(a) If veteran, name war

(For newborn infants give resid

(If outside city or tow

| E) OF DECEASED | : |
|---------------------|--------------------------|
| County | |
| limits, write RURAI | L and give nearest town) |
| give LOCATION) | |

| County Of Daring Danie |
|---|
| City or town(If outside city or yown limits, write RURAL and give nearest town) |
| How long in above place of death? |
| Subustana 1 tappa |
| How long in hospital or institution? |
| 3. (a) FULL NAME |
| Ben Watte |
| 4. Sek 5. Color or race 6.(a) Single, married, widowed, or divorced |
| Advantage of the same |
| 6.(b) Name of husband or wife |
| 7. Birth date of 1990 |
| deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day |
| o. Adl. |
| 56 |
| 9. Birthplace |
| 10. Usual occupation. Laboues |
| |
| 11. Industry or business |
| E 12. Name |
| |
| 14. Maiden name. Mary V. Thomas 15. Birthplace |
| \$ 15. Birthplace and |
| 16. Informant |
| Address |
| Bul 20 may 20 1946 |
| (Burial, cremation, or removal. Which?) |
| Cemetery or crematory Local Lake Ch. Cem. |
| Location Cales wille, Ind. |
| R. I Samuele |

| MEDICAL CERTIFICATION | |
|--|-----------|
| 2D. DATE OF DEATH May 26 1956. | 1 4:40P |
| 21. I CERTIFY that death occurred on the date above stated; that I attended decean | ed from19 |
| Immediate cause of death for down | DURATION |
| Vertebra inth myrry to | day |
| Due to | |
| Other conditions. | |
| (Include pregnancy within 3 months of death) | |
| Major findings of operations. | |

PHYSICIAN: Please underline the cause to which death should he charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

WRITE PLAINLY, PLEASE A15 NS

correct age

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly.

important. WITH

is especially

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(Date rec'd by registrar)

k wille, m

23. SIGNATUR

Maans of Injury

Where did injury occur? Charge Character (City for town)

injured at home, farm, industry, public place (where?)

M. D. or other

(County)

Date signed 5 - 26-46

(State)



2411 N. Charles St., Baltimore 181-2

05015

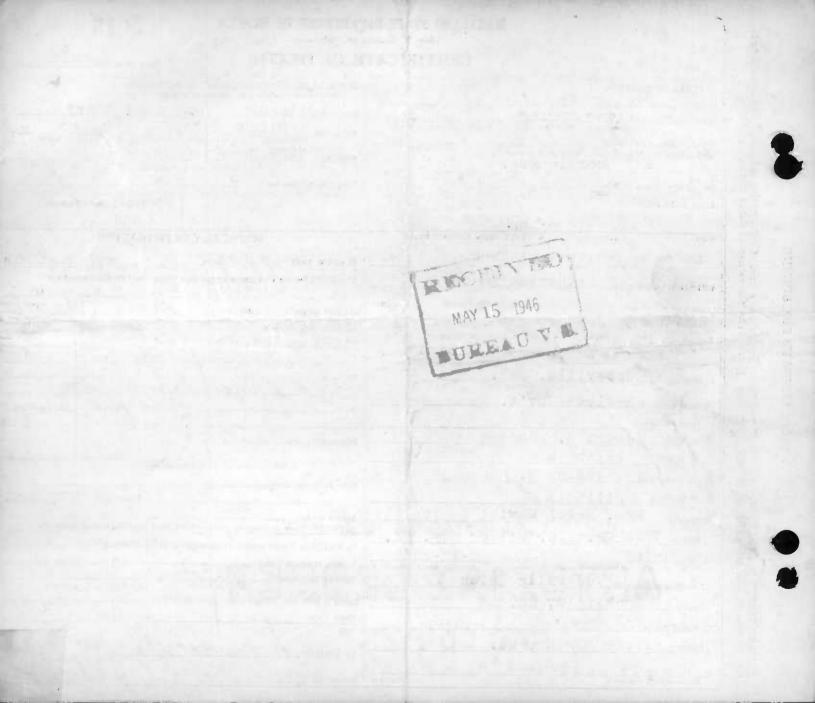
| 2 | 1 | V |
|---|---|---|

| | | CERTIFICA | TE OF DEATH | Reg. Dist. No. 714 |
|---|-------------------------------------|--|--|-------------------------------|
| 1. PLACE OF DEATH: County Nontgomery City or town. Silver Spring (If outside city or town timits, write RURAL and give nearest town) How long in above place of dealh? Hawarak Deputyor & street address where death occurred: 7929 Georgia Ave. How long in hospital or institution? | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town) Street No. 7929 Georgia Avenue (If rural, give LOCATION) 100 100 100 100 100 100 100 1 | | |
| 3. (a) FULL NAME | TEWTON A. WO | ODSON | | 3. (b) Social Security Number |
| 4. Sex 5. | Color or race 6.(a)Single | e, married, widowed, or divorced | 20. DATE OF DEATH | |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years | January 17 Months Days 3 22 | th. 1861 It less than one day | and that I last saw hydron, alive on | may 3 A |
| g. Girthplace Grayville, Ill. 10. Usual occupation. Retired Gov't. Employee 11. Industry or business 12. Name Albert G. Woodson 13. Birthplace Illinois 14. Maiden name. Adeline R. Randall 15. Birthplace Illinois Major fiadings of operations. Due to. (Include pregnancy within 3 months of death) Major fiadings of operations. Date of op. | | months of death) | | |
| Address 7929 17. Burial (Burial, cremation, or Cemetery or crematory Location Roc | Rockville Rockville, Md. Caxuax 6 | lver Spg. Md. 5-13-1946 (month) (day) (year) Union | Actopsy results PHYSICIAN: Please underline the cause to y 22. VIOLENCE: If death was due to external ca Accident, sulcide, or homoide Where did injury occur? | Date of (County) (State) |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sise specially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



MAY 25 1946 BUREAU V.S.

and the second second